

SPEECH PATHOLOGISTS: CAREER PATTERNS

By

JANICE ELLEN LOCKHART

A DISSERTATION PRESENTED TO THE GRADUATE COUNCIL OF  
THE UNIVERSITY OF FLORIDA  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE  
DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

1983

## ACKNOWLEDGEMENTS

Grateful appreciation must be expressed to many people for their continual assistance in the preparation of this dissertation. First, to the chairman of the committee, Dr. Thomas B. Abbott, for his time, support, encouragement, and wisdom. Next, to Dr. Michael Nunnery, for his insightful and generous help in the development of the ideas for this research. Also, to all other members of the committee, Dr. Linda Lombardino, Dr. Ron Nutter, and Dr. Lowell Hammer, for their interest, support, and willingness to help whenever needed.

The help provided by Dr. Bob Algozzine was invaluable, his willingness to help as well as his kindness and patience was appreciated more than words can express. I am also deeply indebted to so many individuals all over the United States, who devoted much of their time and energy to help me compile and complete the research herein contained. Specifically, thanks are due to all those who took the time to provide names and/or addresses of the graduates from the universities contacted. Sincere appreciation is further expressed to all the respondents in this study who took the time to complete and return the questionnaire.

Very special thanks are due so many friends for the consistent support and encouragement they provided: to Ruth Huntley for her help in editing and proof-reading, to Lyn Evans for her generous help with typing, to Pam Paris, Dianne Johnson, and Donna Ivey who were great and

loyal friends, willing to help in any way they could during long and trying times.

Appreciation and love are expressed to my parents above all, who from childhood believed in me, supported me, and loved me and never doubted I could do whatever I attempted. Most of all, however, deepest thanks are given to God, who provides the strength and vision for all that I do and all that I am.

## TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS. . . . .	ii
LIST OF TABLES. . . . .	vii
ABSTRACT. . . . .	x
 CHAPTER	
I INTRODUCTION . . . . .	1
The Problem. . . . .	4
Research Questions. . . . .	4
Delimitations and Limitations . . . . .	6
Justification for the Study . . . . .	8
Assumptions. . . . .	11
Definition of Terms. . . . .	12
Research Methodology . . . . .	15
Identification of the Population. . . . .	15
Sample Selection. . . . .	17
Instrumentation . . . . .	18
Data Collection . . . . .	18
Data Analysis . . . . .	19
Hypotheses . . . . .	21
II REVIEW OF RELATED LITERATURE . . . . .	23
Speech-Language Pathology as a Profession. . . . .	23
History of Speech-Language Pathology . . . . .	24
Career Patterns. . . . .	31
Overview of Theories of Job Satisfaction . . . . .	35
Herzberg's Motivation-Hygiene Theory . . . . .	38
Research Critical of Herzberg's Motivation-Hygiene Theory. . . . .	43
Research Supportive of Herzberg's Motivation-Hygiene Theory. . . . .	45
Review of the Literature in Retrospect . . . . .	47
Note . . . . .	49
III RESULTS. . . . .	50
Response Rate and Characteristics. . . . .	50
Demographic Characteristics. . . . .	52

	<u>Page</u>
Career Patterns. . . . .	60
Influences on Leaving the Field of Speech-Language Pathology. . . . .	68
Movement Within the Sectors of Practice. . . . .	69
Job Satisfaction and Dissatisfaction . . . . .	71
IV DISCUSSION . . . . .	90
Demographic Characteristics. . . . .	91
Sex Distribution. . . . .	91
Marital Status. . . . .	92
Number of Employment Settings . . . . .	93
Times of Graduation . . . . .	94
Number and Levels of Degrees. . . . .	95
Certification and Professional Membership Characteristics . . . . .	96
Salary Levels . . . . .	98
Career Patterns. . . . .	98
Longevity of Service to the Total Field of Speech-Language Pathology. . . . .	99
Longevity of Service to Each Sector of Practice . . . . .	99
General Observations About the Career Patterns of Speech-Language Pathologists. . . . .	100
Number and Type of Breaks in Careers. . . . .	103
Leaving the Field of Speech-Language Pathology . . . . .	104
Movement Patterns Among the Sectors of Practice. . . . .	108
Movement Among Sectors of Practice. . . . .	108
Number of Moves During the Total Career . . . . .	108
Pattern of Movement from Initial to Final Positions . . . . .	111
Job Satisfaction and Dissatisfaction . . . . .	114
Reported Likelihood of Again Selecting Speech-Language Pathology as a Career. . . . .	115
Overall Satisfaction With the Field of Speech-Language Pathology. . . . .	116
Pattern of Job Satisfaction and Dissatisfaction Relative to Herzberg's Two-Factor Theory. . . . .	118
Job Elements Receiving the Highest and Lowest Mean Ratings for Each Sector of Practice. . . . .	125
V SUMMARY, CONCLUSIONS, AND IMPLICATIONS . . . . .	127
Summary. . . . .	127
Conclusions. . . . .	138
Implications . . . . .	140
APPENDIX	
A LETTER TO 39 COLLEGES AND UNIVERSITIES WITH GRADUATE PROGRAMS BY 1950 . . . . .	147
B RESPONSE CARDS FOR THE 39 COLLEGES AND UNIVERSITIES. . . . .	149

	<u>Page</u>
C FOLLOW-UP LETTER TO THE 39 COLLEGES AND UNIVERSITIES. . . .	151
D INITIAL LETTER TO SAMPLE MEMBERS. . . . .	153
E RESEARCH QUESTIONNAIRE. . . . .	155
F FOLLOW-UP CARD FOR SAMPLE MEMBERS . . . . .	159
REFERENCE NOTES. . . . .	160
REFERENCES . . . . .	161
BIOGRAPHICAL SKETCH. . . . .	167

## LIST OF TABLES

<u>Table</u>	<u>Page</u>
1 Distribution by Sex and Marital Status . . . . .	52
2 Number of Employment Settings and Mean Length of Experiences in Each Setting. . . . .	54
3 Time of Graduation for Those in the Sample . . . . .	56
4 Distribution by Degree Fields. . . . .	57
5 Distribution by Level of Degree and Degree Field . . . . .	57
6 Highest Degree Attained in Speech-Language Pathology and in All Fields Combined . . . . .	58
7 Distribution by Certification and ASHA Membership Among the Respondents. . . . .	59
8 Distribution by Salary Ranges Among the Respondents. . . . .	59
9 Longevity of Service to the Total Field of Speech-Language Pathology. . . . .	61
10 Longevity of Service (in yrs) to the Five Major Sectors of Practice . . . . .	61
11 Distribution by Number of Jobs Held in One's Professional Life . . . . .	62
12 Distribution by the Number of Sectors of Practice in Which the Respondents Reportedly Worked. . . . .	63
13 Distribution by Frequency of Simultaneous Work Experience. . . . .	63
14 Distribution by Pattern of Work Experience in Speech- Language Pathology . . . . .	64
15 Distribution by Presence of "Breaks" in Career . . . . .	65
16 Reasons Listed for "Breaks" in Professional Careers. . . . .	66
17 Sector of Practice Prior to Time of Break. . . . .	67
18 Distribution of Career Patterns in the Field of Speech- Language Pathology . . . . .	67

<u>Table</u>	<u>Page</u>
19 Analysis of Factors Related to Decision to Leave the Field of Speech-Language Pathology. . . . .	68
20 Factors Related to Movement Within the Field. . . . .	70
21 Comparison by Initial and Final Sectors of Practice for All Respondents . . . . .	71
22 Pattern of Movement from Initial to Final Sectors of Practice. . . . .	72
23 Reported Likelihood of Again Selecting Speech-Language Pathology as a Career . . . . .	77
24 Likelihood of Selecting Speech-Language Pathology Based Upon Degree Level, Time of Graduation, and Reported Salary Level. . . . .	78
25 Distribution by Responses Given for Overall Satisfaction With the Field of Speech-Language Pathology . . . . .	79
26 Level of Overall Career Satisfaction as Influenced by Level of Highest Degree, Time of Graduation, and Reported Salary Level . . . . .	79
27 Level of Difference Between the Composite Motivator Score and the Composite Hygiene Score on the Basis of Sector of Practice. . . . .	80
28 Comparison of the Composite Motivator and Hygiene Scores Based Upon the Three Time Periods of Graduation . . . . .	81
29 Comparison of Composite Motivator and Hygiene Scores on the Basis of Highest Degree Received in Speech-Language Pathology . . . . .	82
30 Comparisons of Composite Motivator and Hygiene Scores for the Five Sectors of Practice Based Upon Salary Level. . . . .	84
31 Comparison of Composite Motivator and Hygiene Scores on the Basis of Leaving the Field of Speech-Language Pathology . . . . .	85
32 Comparison of Motivator and Hygiene Composite Score Rating for Those Leaving and Not Leaving the Field . . . . .	86
33 Comparison of Composite Motivator and Hygiene Scores on the Basis of Reported Likelihood of Again Selecting Speech-Language Pathology as a Career. . . . .	87



<u>Table</u>	<u>Page</u>
34 Comparison of the Composite Motivator and Hygiene Scores on the Basis of Degree of Overall Career Satisfaction. . . . .	88
35 Highest and Lowest Mean Ratings for Job Elements for Each Sector of Practice. . . . .	89

Abstract of Dissertation Presented to the Graduate Council  
of the University of Florida in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

SPEECH PATHOLOGISTS: CAREER PATTERNS

By

Janice Ellen Lockhart

August 1983

Chairman: Thomas B. Abbott

Major Department: Speech

Although speech-language pathology has exhibited much growth, little research has occurred regarding the careers and job satisfaction of these professionals. The present study was initiated to examine these areas. A questionnaire was developed to gather data regarding the career patterns and sources and levels of job satisfaction. This questionnaire was mailed to graduates of 11 speech-language pathology training programs having graduate programs by 1950. From a total of 1322 names supplied by the 11 above mentioned universities, 532 sample members were selected by the following graduation times: 1950-52, 142; 1960-62, 190; and 1970-72, 200. The total number of responses was 223. The data were collected and analyzed using descriptive and inferential statistics.

Five questions gave direction to the research. Relative to the question, dealing with demographic characteristics, it was noted that the respondents tended to be female, married, possessors of master's degrees in the field, and earning \$20,000-\$29,999 per year. Only about half reported ASHA membership or clinical certification.

The second question related to longevity of service and the frequency of career breaks. Nearly all (96%) those holding a degree in speech-language pathology had worked in the field. Public/private schools was

the most frequently selected sector of practice and exhibited the longest mean length of service. Career breaks were common and most frequently associated with "child-bearing and rearing."

Relative to the question about attrition in the field, it was found that relatively few (17%) had left and leaving was frequently associated with terminal bachelor's degrees and working in patient/client services.

Relative to the career movement occurring among the sectors of practice, it was noted that movement was a common occurrence in that 54.3% had moved.

The fifth question related to job satisfaction/dissatisfaction. It was noted that there was an overall positive view of speech-language pathology and generally the content of their jobs was more satisfying than the context within which their work occurred.

## CHAPTER I INTRODUCTION

Individuals who receive professional training for a field of endeavor tend to enter the labor market in that field. As a result of a series of circumstances, opportunities, and choices, a career pattern is experienced. The study of the career patterns of a number of individuals within a given profession often yields commonalities which provide information about that profession in general. This information can then serve as a guide for individuals considering entering the field as well as a guide for colleges or universities who provide the professional training for those preparing to enter a given profession. The career patterns of individual professionals can take many forms. Roe (1956) stated that progress in professions can be either vertical, as in the form of promotions, or horizontal, as in the form of a job that is different but of a similar responsibility and status level.

The professional field of speech-language pathology in comparison to other professions is relatively new. Professions such as medicine, law, or teaching have been in existence for hundreds of years. The career patterns of these older professions have been studied by many researchers (Herr & Cramer, 1979; Roe, 1956; Super, 1957). Speech-language pathology, however, has experienced rapid growth with little documentation of the career patterns of the practitioners.

The term speech-language pathologist itself has undergone considerable redefinition in the history of this profession. The profession

started in the early 1900s (Paden, 1970) with the title "speech correctionalist" and moved through other such titles as "speech therapist," "speech clinician," and finally "speech-language pathologist." The present title reflects the change in many ideologies and views within the profession. Since a career pattern study necessitates a longitudinal view of a number of individuals the investigator in this discussion addressed many of these periods of change in both title and the level of qualification accepted in the field. For this reason, the term speech-language pathologist in this study was used to describe anyone who, at the time of entry into their professional career, had completed the minimum academic and clinical requirements of the national professional organization, the American Speech-Language-Hearing Association (ASHA). This allowed for comparison on the basis of commonality of ASHA acceptance for all the various levels of training.

In 1982, numerous leaders in the field of speech-language pathology turned their attention to careers of those in the field. A review of the twelve 1982 issues of ASHA, the professional journal most involved with the analysis of issues related to speech-language pathology and audiology as a career, revealed that six issues contained articles discussing the direction which the profession as a whole is taking (ASHA interviews Laura Ann Wilbur, 1982; Cooper, 1982; Goldman & Levy, 1982; Miller & Potter, 1982; Ringel, 1982; Wilbur, 1982). The authors of these articles also addressed the number of individuals who expressed some level of dissatisfaction with the profession and who were leaving the profession. This level of interest and concern suggests that there was a need to look at the career patterns of those in the field of speech-language pathology. Also, there appeared to be a need to

determine whether speech-language pathologists were actually leaving the profession and if so to determine why this might have been occurring.

Recognition of career patterns provides a beginning. However, to grasp the problem more clearly there is a need to look at the level of satisfaction or dissatisfaction individuals derive from their involvement in the field of speech-language pathology. The theoretical basis for the study of job satisfaction and dissatisfaction is extensive. Beginning with the work of Elton Mayo in 1933, who studied how to cause individuals to produce more by increasing their level of satisfaction with their work, there have been many professionals from the fields of psychology and sociology who have investigated the components which cause job satisfaction or dissatisfaction. Their theories have included Maslow's Need Hierarchy Model (Maslow, 1970), Argysis's Predispositions Theory (Argysis, 1973), Vroom's Expectancy Theory (Vroom, 1964), and McGregor's Theory X and Theory Y (McGregor, 1960). Another theorist whose ideas have been repeatedly investigated is Fredrick Herzberg (Herzberg, Mauser, & Snyderman, 1959). Herzberg et al., unlike the other theorists, did not see job satisfaction as the converse of job dissatisfaction. While Herzberg et al. recognized that satisfaction and dissatisfaction are opposites in the perceived feelings of the individual, they believed the two were caused by different factors. As stated in *Work in America: Report of a special task force to the Secretary of Health, Education, and Welfare* (1973),

Fredrick Herzberg suggests an alternative way of looking at the needs of workers--in terms of intrinsic and extrinsic factors. Under this rubric, job satisfaction and dissatisfaction are not opposites but two separate dimensions. Extrinsic factors, such as inadequate pay, incompetent supervision, or dirty working conditions may lead to dissatisfaction, which

may be reduced in turn by such "hygienic" measures as higher pay and "human relations" training for foremen. But such actions will not make workers satisfied. Satisfaction depends on the provision of intrinsic factors, such as achievement, accomplishment, responsibility, and challenging work. Satisfaction then is a function of the content of work; dissatisfaction of the environment of work. (p. 12)

Even though the theory of Herzberg et al. (1959) has been extensively tested over the past 30 years, it remains controversial (Brockman, 1971; House & Wigdor, 1967). It does, however, provide a means to conceptualize the various aspects of job satisfaction and job dissatisfaction. Without any desire or attempt to further continue the controversy surrounding the theory, it will be used as the theoretical base for determining levels of job satisfaction and job dissatisfaction in this study.

### The Problem

Speech-language pathology as a profession has undergone much growth and change in the period of its existence. Recent concerns raised by many leaders in the field cause one to consider both the career patterns of those within the field of speech-language pathology as well as the job satisfaction and job dissatisfaction levels speech-language pathologists are experiencing in their careers. In light of this the following research questions were proposed.

### Research Questions

The general research question was what have been the career patterns and job satisfaction/dissatisfaction sources and levels of selected individuals who had received bachelor's, master's, or doctoral degrees in

speech-language pathology from eleven universities having approved graduate programs in speech-language pathology by 1950. The more specific questions to be researched were the following:

1. What were the demographic characteristics of the sample (sex; marital status; time of graduation; number and level of other degrees; Certificate of Clinical Competence in Speech-Language Pathology and/or Audiology, level of membership in the American Speech-Language and Hearing Association; number of employment settings; and salary range)?
2. What were the career patterns of the sample in reference to
  - a. longevity of service to the field of speech-language pathology as a whole,
  - b. longevity of service to the 5 sectors of practice specified (public/private school, university or college, hospital, community clinic, and/or private practice), and
  - c. number and types of breaks in professional careers?
3. For those speech-language pathologists in the sample who had left the profession, was there a difference in leaving the profession on the basis of
  - a. time of graduation,
  - b. sector of initial employment,
  - c. level of highest academic degree,
  - d. personal factors (i.e., marital status),
  - e. primary job role within initial position (teaching, provision of therapy, supervision, administration), or
  - f. reported salary range?



4. Was there a significant difference in this sample in the movement within the job sectors on the basis of
  - a. time of graduation,
  - b. sector of initial employment,
  - c. level of highest academic degree,
  - d. personal factors (i.e., marital status),
  - e. primary job role within initial position (teaching; provision of therapy, supervision, administration), or
  - f. reported salary range?
5. For those speech-language pathologists in this sample whose careers covered one or more of the major sectors of practice, what aspects of their various positions in these sectors did they find most positive and what did they find least positive based on the attributes identified by Herzberg et al. as satisfiers and dissatisfiers compared on the basis of
  - a. sector of practice,
  - b. time of graduation,
  - c. level of highest degree, and
  - d. reported salary range?

#### Delimitations and Limitations

This study was restricted to studying the career patterns and job satisfaction levels of a sample of 532 individuals. These individuals were selected from an accessible population of 1322 individuals who had graduated from 11 accredited university programs that had graduate programs in speech-language pathology by 1950. The 11 institutions

selected were those that were able to provide the requested names and addresses. Usable data, in the form of completed questionnaires, were received from 223 sample members, yielding a response rate of 49% when adjustments were made for wrong addresses and those who had never received degrees in speech-language pathology. While this did not allow for representation in the sample from all types of training institutions, it was felt that due to the longitudinal nature of the study there was a need to select universities which had established graduate programs for the entire length of the study. It was felt that this confinement would provide at least the level of consistency in the sampling of those who had graduated from a university with a long established program.

The study was restricted further to those persons who graduated in the years 1950-52, 1960-62, and 1970-72 from the selected institutions that were able to provide names and current addresses. This decision provided for manageability of the population from which the sample was drawn. It also allowed for a more reasonable request for assistance from the various universities.

The instrument used in the study to determine the demographic information, career patterns, and levels and sources of job satisfaction was specifically developed for this study and hence had only an assumed face validity. Anastasi (1954, p. 12) discussed face validity in these terms:

"Face validity" refers, not to what the test necessarily measures, but to what it appears to measure. . . . Does it seem relevant to its objectives, when viewed by the subjects who take it, the administrators who adopt it, or anyone else who might judge it?

The data that were collected in this study were restricted to information provided by those subjects who elected to respond to the

questionnaire. The nature of survey research is such that there was no control on the researcher's part of who did and did not respond. Any common attributes in those who either responded or failed to respond created a limitation in the generalizability of the study. Further, due to the decision to seek names from a limited number of universities, the ability to generalize beyond the sample under examination was limited to observations which were suggestive in nature only. However, it was felt that the effect of time and diversity of experience afforded those in the sample over their professional careers of 10, 20, or 30 years served to make this sample more comparable to all speech-language pathologists. This was concluded to be the case since the professional experiences would be comparable for any speech-language pathologist. The effect of graduating from a specific university loses its effect the farther the individual moves away from that graduation in time.

Finally, the study was limited by its ex-post-facto nature. Since there was no manipulation of independent variables in this study, there were no conclusions of cause and effect, instead patterns of variables were discussed as they related to the areas of the problem.

#### Justification for the Study

Speech-language pathology as a career has grown rapidly in the past 100 years. The membership levels of ASHA alone indicated a growth of 1500% over the original size (i.e., membership in 1926 consisted of 25 people and in 1983 the membership is estimated to exceed 39,000) (Fein, Note 1). Despite the growth there is much useful information yet

to be gained about the profession. Knowing more about the professional lives of those in the field, both the career patterns and the level of satisfaction or dissatisfaction experienced, provides some of that information. To date, little empirical data exist about the careers of those in the field of speech-language pathology (Sinkiewicz, 1982). Although there is little empirical data, leaders in the field have begun to ask some pointed questions about the professional lives of speech-language pathologists.

As Wilbur (1982) stated in her keynote address to the 1982 ASHA Convention:

If we cannot solve the problem of "turn-off" and its companion "burnout," and turn ourselves and all our colleagues on, we shall, I fear, fail as speech-language pathologists and audiologists and thus ultimately destroy ourselves as a profession.  
(p. 999)

This observation was representative of numerous concerns raised in 1982 about the state of speech-language pathology and suggested a major justification of this study. There is a need in this field to know what has occurred in the careers of those who are speech-language pathologists. This study provides a profile of a sample of those in the profession of speech-language pathology which contributes information addressing these concerns.

The initial step was recognition of the career patterns. After this area had been investigated the next step was a determination of what those in the profession reported to be the satisfying and dissatisfying aspects of speech-language pathology. A special task force on the area of work in America reported the results of a 15 year study done by Palmore in 1969, which stated "the strongest predictor of

longevity was work satisfaction" (Work in America, 1973, p. 77).

While this referred to longevity of life, it could be applied equally well to longevity in a specific occupational setting. This is especially true when changes in job settings are easy to obtain. Ascertaining what was satisfying and dissatisfying in the field of speech-language pathology would increase the basic understanding of what occurs when this occupation is actually practiced.

This basic knowledge of career patterns and sources of satisfaction and dissatisfaction aids numerous groups of individuals who are involved in the profession of speech-language pathology. Information is provided to employers of speech-language pathologists. These employers are able to recognize the patterns of career changes and satisfactions and dissatisfactions and are then able to choose to make modifications in the employment settings or the nature of the job itself to increase the level of satisfaction experienced by the speech-language pathologists. The information gives valuable aid to leaders in programs of preparation for those entering the field of speech-language pathology. By recognizing what the career patterns have been and where the satisfactions have come from, these preparatory programs may be able to address some of these issues prior to the professional's emergence into the occupational world. Finally, those who are considering the field of speech-language pathology as a career have some information about those who have already practiced in the field. They would be able to consider these career patterns and sources of satisfaction as they make their career plans.

In this study a very timely practical problem was addressed as identified by Goldman and Levy (1982), Miller and Potter (1982), and

Wilbur (1982). All these researchers addressed in one form or another the question of professionals leaving the field of speech-language pathology or remaining in the field with high levels of dissatisfaction. Miller and Potter (1982), in their study on "burn-out" in the field of speech-language pathology, found that of their 123 respondents 43% reported a level of burn-out, as measured by their instrument, as moderate or severe. Goldman and Levy (1982) raised the question of how to keep people in the field of speech-language pathology in these words:

Better still, how do you discourage colleagues from leaving the profession when greater rewards are provided elsewhere? Is it any surprise that many speech-language pathologists and audiologists are leaving the profession or moonlighting in order to keep pace with our inflationary economy? (p. 103)

Determination of the actual number of those leaving the profession and the level of satisfaction and dissatisfaction addresses the problem raised by Goldman and Levy.

Finally, it is hoped that the information gained in this study provides the profession as a whole with input that can be used to modify, direct, and where needed, to change the profession to cause greater levels of stability in careers and greater satisfaction within those careers.

### Assumptions

For the purposes of this study it was assumed that the training level of the individuals who comprised the sample was comparable, based on the fact that all the universities from which the sample was drawn were ultimately accredited by the boards of examiners of the American Speech-Language and Hearing Association. It was further assumed that

the two-factor theory of Herzberg et al. (1959) was a valid approach to the assessment of job attitudes.

### Definition of Terms

For the purpose of this study the following definitions were used. These are offered here to provide unity of thinking on the part of the reader and the researcher as the study is discussed. The definitions included a conceptual explanation of the term as well as a reference to the location of the term on the research questionnaire (Appendix E) used to collect the data for this study.

Accredited. This referred to a university or college which has met the criteria established by ASHA (ETB Manual, 1980) of minimum standards of academic and clinical performance in the training of speech-language pathologists.

Break in career. The failure to work in any capacity in speech-language pathology for one year or more, with a subsequent return to work at a later time. On the research questionnaire this was measured in question #10.

Career patterns. (a) Changing sectors of practice--This described an individual who had gone from one major sector to another at least once. (b) Leaving the field of speech-language pathology--This described someone who is no longer employed in the field of speech-language pathology for a period of time longer than would occur naturally within a given position (i.e., two months off in the summer for a public school speech-language pathologist). Further, this would be someone who then worked in another field other than speech-language pathology or stopped working completely. (c) Remaining in the field of speech-language

pathology--The pattern of continuing to practice as a speech-language pathologist on a part-time or full-time basis. On the research questionnaire this was addressed by question #9.

Certification. Certificate of Clinical Competence (CCC-Speech or CCC-Audiology)--The measure of approval, placed upon those who have fulfilled the academic, clinical, internship, and national examination qualifications established by ASHA. On the research questionnaire this was measured by question #5.

Hygienes. Those factors which according to Herzberg et al. (1959) can prevent employees' dissatisfaction with their jobs, if available in adequate amounts, and which are related to the context portion of these individuals' jobs. Examples of these job elements would be salary, supervision, and relationships with co-workers. On the research questionnaire these job elements were identified as items #12a-12g.

Job elements. These are some of the factors which comprise the total work experience. These component factors were listed according to the theory proposed by Herzberg et al. (1959). These items are located in question #12 on the research questionnaire.

Job dissatisfaction. The absence of the pleasurable state associated with achieving one's goals for the work experience. This was identified on the research questionnaire as ratings of 3 or 4 on question #8 and/or ratings 1, 2, or 3 on question #1. Further, this was calculated using the job elements listed by Herzberg (1966) as hygienes. It was determined that ratings of 1-3 on these items (#12a-12g) reflected dissatisfaction with these job elements.

Job satisfaction. The pleasurable state one experiences from the appraisal of one's job as achieving or facilitating the desired goals



one holds for the work experience. This was identified on the research questionnaire as ratings of 1 or 2 on question #8 and/or ratings of 4, 5, or 6 on question #11. This was further determined to be ratings of 4-6 on the job elements listed as motivators (#12h-12m).

Job title. The label which the respondent indicated best identified his position. The specific choices included speech clinician, supervisor/administrator, professor, consultant, clinic director, audiologist, and other. On the research questionnaire this was addressed by question #9 (I).

Length of work week. (a) Full-time--This described an individual who works at least 30 hours per week in the profession of speech-language pathology. (b) Part-time--This described anyone who works less than 30 hours per week in the field of speech-language pathology. On the questionnaire this was determined by question #9 (IV).

Motivators. Those factors, which according to Herzberg et al. (1959), are associated with production of employee satisfaction. These are job elements which deal with the content of one's job. Examples of motivators include achievement, recognition, and the work itself. On the research questionnaire these were identified as items #12h-12m.

Primary responsibility in position. The activity the respondent viewed as foremost among his responsibilities was identified by question #9 (V). Specific choices were patient/client service, teaching (college/university), supervision, administration, research, consultation, or other.

Sector of practice. This referred to the occupational setting within which the speech-language pathologist is employed. Included are the following five major sectors. (a) Clinic--Examples of a clinic

would include an Easter Seal Clinic, United Cerebral Palsy Clinic, or a community Speech-Language and Hearing Clinic. (b) College/university--This indicated any college or university training programs. (c) Hospital--This indicated any medical hospital where speech-language clients are seen either on an in-patient or out-patient basis. (d) Private practice--This indicated any employment where the speech-language pathologist is not employed by anyone in the other settings and is not under the supervision of anyone else. (e) Public/private schools--This included all schools within which a speech-language pathologist could be employed, including public K-12; private K-12; pre-schools, public and private; and special state or private schools for special populations. On the research questionnaire this was addressed by question #9 (II).

### Research Methodology

In order to conduct this study it was necessary to identify the population, select the sample, prepare and distribute the questionnaires, collect the data, and tabulate and analyze the responses.

#### Identification of the Population

The focus of this study was the identification of the career patterns and job satisfaction levels of a group of speech-language pathology graduates. There was a desire to study those who had left the field of speech-language pathology as well as those who remained within the field. For this reason there was a need to use an accessible population other than a current ASHA membership list.

The accessible population from which the sample was drawn was determined to be any college or university which had a graduate program in speech-language pathology by 1950. This date was chosen so that all those included within the sample would have the commonality of attending universities or colleges which had a graduate program in speech-language pathology. This criterion for inclusion was further seen as a means of identifying those colleges that had a more consistent level of involvement with the field of speech-language pathology. Further, all the colleges and universities included in the accessible population had been accredited by ASHA when this accreditation became available in 1959 (ETB Manual, 1980).

There were 36 universities and colleges which met the above criteria. All of these schools received a letter (Appendix A) requesting that they provide the names and current addresses of their graduates in speech-language pathology from the years 1950-52, 1960-62, and 1970-72. Of the 36 colleges and universities contacted, 11 were able to supply, totally or in part, either names alone or names and current addresses for the graduates from the years requested. A stamped, pre-addressed postcard (Appendix B) was enclosed to allow representatives of the colleges or universities contacted to respond rapidly as to their willingness or ability to fulfill this request. After approximately 3 weeks a second letter was sent to those college or university programs who had not responded (Appendix C). Ultimately, the accessible population was identified as the individuals whose names were submitted by the colleges and universities who responded. Addresses which were not available from the departments of speech-language pathology were obtained from the ASHA directory or the alumni associations of the school

from which the names originated. For obvious reasons, if an individual's current address could not be obtained from any of these sources the name was not included in the population from which the sample was drawn.

### Sample Selection

The total number of 1322 available names was received. From this accessible population a sample of 532 names was selected. In order to obtain the best possible level of representation of both the universities and the years included in the sample, a systematic sampling procedure was selected. This sampling was done on the basis of year of graduation. An effort was made to sample roughly equal numbers of speech-language pathology graduates from each of the three time periods represented. For this reason, the percentage of the total number of names included from each time period was different. The largest number of graduates was found in the group graduating from 1970-72. Every fourth name in this list was selected, yielding a total number sampled of 200 from this graduation period. The graduates from 1960-62 were fewer in number so every other name from that list was selected. The total number included from 1960-62 was 190. Finally, the smallest representation was seen in the graduates from 1950-52. All the names which the researcher received from this time period were included in the study, yielding a total of 142 from this group. From this total sample of 532 the response rates were as follows: 1950-52, 42 responded; 1960-62, 83 responded; and 1970-72, 98 responded, yielding a total response rate of 223. Those included in the study often held more than the

one degree they earned at the college or university submitting their name. For this reason a wide span of degrees and years of graduation were represented. Further, it was observed that since many in the sample received these additional degrees from universities other than the one which submitted their names more universities (91) were actually represented than the 11 from which the names were initially received.

### Instrumentation

The research instrument was constructed in such a manner as to collect data regarding career patterns and job satisfaction levels as objectively as possible. In an effort to facilitate this goal as well as to increase the simplicity of the instrument most of the items required the respondent to select from a predetermined set of choices. The questionnaire was designed by the researcher for the purposes of this study. Questionnaires designed for studies of a similar nature provided some degree of guidance in the development process (Brown, 1973; Marcy, 1974; McGee, 1979). The questionnaire was pilot-tested on 10 speech-language pathology graduates. Suggestions made by these individuals were incorporated into the questionnaire prior to the actual study. The questionnaire was compiled into a booklet and printed (Appendix E).

### Data Collection

Once the instrument had been completed, the collection of data was handled in the following manner. The questionnaire accompanied by a letter (Appendix D) explaining the research goals was mailed to those

selected to participate in the study. Additionally, a stamped, pre-addressed envelope was included to facilitate the return of the instrument. The questionnaires sent to those in the sample were coded for the purposes of follow-up. At no time were these codes used for any other purpose other than follow-up and the respondent's answers were completely anonymous throughout the study. After a period of approximately one month, reminder postcards were sent to those who had failed to return the instrument (Appendix F). If at that time any of the members of the study indicated they had lost or discarded the questionnaire they were supplied with another copy of the instrument.

The completed questionnaires received from the respondents were tabulated and analyzed to answer the research questions proposed in the study.

### Data Analysis

Prior to discussion of the actual research questions there was a need to establish the similarity of all the respondents since some of the respondents completed and returned the research questionnaire with no reminder postcard and others did not respond until this reminder had been given. To determine the similarity or difference between these two groups several key questions on the research questionnaire were selected and compared utilizing a chi-square technique. The variables seen as key variables for this question were sex of respondents, salary levels, and overall satisfaction in the field of speech-language pathology as measured by the responses to their overall satisfaction with the field and their reported likelihood of selecting speech-language pathology if they were to begin their careers again.

The remaining treatment of the data followed the same order as the research questions posed in the study. Research questions 1 and 2 addressed the demographic characteristics of the sample and the description of the career patterns of those in the sample. The first and second research questions were answered by computing descriptive statistics, such as means and frequencies.

Question 3 which focused on those speech-language pathologists who had left the field was analyzed in a manner similar to question 2. The criterion to be compared, leaving the field of speech-language pathology, was compared on the basis of a number of subgroupings of the respondents. The subgroupings included time of graduation, sector of initial employment, level of highest degree obtained, personal factors (i.e., marital status), primary role within the initial jobs held, and reported salary range. A chi-square statistic was utilized to evaluate presence or absence of a significant level of difference.

Question 4, which focused on the movement observed between the sectors of practice, was handled in a series of steps which looked at several key groups within the sample. The group of interest was identified and their career patterns were evaluated utilizing frequencies and chi-square statistics. This permitted the researcher to evaluate the career change patterns of a number of subgroups within the sample.

The fifth research question which focused on the satisfaction and dissatisfaction levels experienced by those in the sample was answered by first combining the scores given the job elements in question 12 on the research questionnaire into two major subscores for each sector of practice. For the items identified by Herzberg (1966) as hygienes, a composite hygiene score was derived including the job elements; salary,

relationships with co-workers, adequacy of your supervision, working conditions, policies of the organization, status level achieved in the position, and level of job security. Similarly, a composite motivator score was derived in each area utilizing the job elements Herzberg identified as capable of causing job satisfaction. This composite score was composed of the items related to achievement, recognition, opportunity for advancement, level of responsibility, and professional growth. The composite scores were then analyzed and compared based on subgroupings of those in the sample. These subgroupings consisted of the 5 sectors of practice, the time of graduation, and the highest degree obtained. Both t-tests and analysis of variance procedures were used to obtain this information.

### Hypotheses

In order to give direction to the analysis of the data relative to research questions three, four, and five the following hypotheses were proposed:

1. There are no significant differences at the .05 level of significance in leaving the profession of speech-language pathology based on
  - a. the sector of practice of initial employment,
  - b. time of graduation,
  - c. level of academic degree,
  - d. personal factors (marital status),
  - e. primary role within initial occupational setting, or
  - f. salary ranges.



2. There are no significant differences at the .05 level of significance in the mean number of changes in sectors of practice on the basis of
  - a. the sector of practice of initial employment,
  - b. time of graduation,
  - c. level of academic degree,
  - d. personal factors (marriage),
  - e. primary role within initial occupational setting, or
  - f. salary ranges.
3. There are no significant differences at the .05 level of significance for the five sectors of practice in the mean composite scores, or the overall satisfaction scores, on job dissatisfaction or job satisfaction derived from question #12 or the overall satisfaction scores determined by questions #8 and #11 based upon
  - a. sector of practice,
  - b. time of graduation,
  - c. level of academic training, or
  - d. reported salary range.

## CHAPTER II REVIEW OF RELATED LITERATURE

The review of the related literature contains information pertinent to all aspects of the study. The review will take the following order: overview of speech-language pathology as a profession, theories of careers, discussion of career pattern studies, theories of job satisfaction, and discussion of job satisfaction studies.

### Speech-Language Pathology as a Profession

The term "profession" is used loosely among the general public. In the occupational literature, however, there is much more stringent scrutiny given to what fields of endeavor are considered to be professions. Butler (1979) in addressing the state of the field of speech-language pathology observed that speech-language pathology was viewed as a profession on the basis of comparison with the following criteria:

- A profession exists when four criteria are met:
- (1) a body of knowledge exists, not easily available to the layman,
  - (2) the practitioner's view that professional service carries with it a high degree of dedication,
  - (3) a status in the society which reflects the profession's position in that society, and
  - (4) a number of specific legal obligations and prerogatives. (p. 6)

While, as Butler pointed out, there would be varying degrees of agreement with the level to which each of these criteria have been attained, there would be a general agreement that speech-language pathology is

classified as a profession. If we accept this to be the case we can look at the history of the profession of speech-language pathology and then look at the changes in the profession during that history.

### History of Speech-Language Pathology

Speech-language pathology as an established and recognized profession is relatively new. However, the awareness and interest in those with speech problems are very old. Klingbeil (1939) in his historical background of the modern speech clinic cited examples of interest and awareness of speech disorders as far back as the 5th century B.C. However, the awareness of the problems of individuals with speech defects is different from the establishment of a profession dedicated to the alleviation of such problems.

A great expansion of knowledge about speech disorders first occurred in the 19th century. At that time, surgeons and physicians in France, England, Ireland, and especially Germany and Austria began treating individuals with speech disorders and publishing the results of their treatments and methods (Paden, 1970). Paden reported that these physicians and surgeons throughout Europe tended to practice their treatments and research in a fairly secretive manner. They solicited followers and functioned as mentors to these younger individuals. There was little exchange of knowledge and ideas beyond the borders of each of these distinct groups. In fact, there was a high level of disdain for the work being done by any professionals outside of one's own group.

Those in the profession first began to observe original contributions to the field from professionals in the United States in the 20th

century. These contributions are reported to have begun with Alexander Melville Bell's establishment of a school in Boston as well as his writing in the area. His contributions were followed by those of Elmer L. Kenyon, Edward W. Scripture, Charles S. Bluemel, John Fletcher, Isadore Coriat, J. Hudson Mahuen, and Knight Dunlop (Paden, 1970).

There was a concurrent increase in the number of practitioners in the field of speech-language pathology in the public schools. Reports of that period indicate that "speech-correctionalists" were working in the schools of Detroit, Chicago, Boston, New York City, and San Francisco by 1916. The records of the numbers of private speech-language pathologists are lacking. For this reason, there is no way of determining the number of those engaged in private practice. Some special institutes existed, the foremost being the Boston Stammerers Institutes which enjoyed an excellent reputation. Other individuals or private schools also advertised services for the speech disordered; however, there was often a question about the level of quality of the services provided. As reported by Paden (1970), "many came into the field because they had suffered from a speech disorder themselves, usually stuttering, which had been 'cured' and they, as well as their students assumed no other insight was necessary to enable them to show the way to others" (p. 3).

In the late teens and early 1920s two significant events occurred which were to lend a great deal of credibility to the profession of speech-language pathology. The first was the publishing of several scientifically based studies. The second was the establishment of courses of study in the area of speech-language pathology in some universities. Among the first schools to offer such a program was the

University of Wisconsin. This university began to offer graduate degrees in speech-language pathology. The University of Wisconsin is credited with awarding the first Ph.D. in the field of speech-language pathology to Sara M. Stinchfield in 1921 (Paden, 1970).

In 1925 the first professional meeting was held for speech pathologists. This marked the beginning of an organized group of professionals who called themselves the American Academy of Speech Correction. In 1925, the group consisted of eleven members, by 1930 there were 25 members, in 1940 the membership included 33 practitioners, by 1950 there were over 1600 members, in 1970 approximately 12,900 were listed as members, and in 1983 the estimation of the membership has neared 39,000 (Fein, Note 1).

The initial period of establishment of this new professional organization was within the already established National Association of Teachers of Speech (NATS). The new organization remained a part of NATS until 1926 when its constitution was formally approved. It continued to meet in conjunction with NATS for the first 25 years with the exception of 3 occasions. This arrangement was for purposes of reducing the expenses that would be incurred and to allow as many professionals as were interested the opportunity to be involved in the newly established Academy of Speech Correction.

The publications associated with the field of speech-language pathology were initially incorporated in the Quarterly Journal of Speech, the official publication of NATS. In 1930, the leaders of the association began publishing the papers presented at the convention and selling them to those who were in the field of speech-language pathology. The first journal was established in 1935 when the

membership had reached 87 and was titled the Journal of Speech Disorders. Initially the publication was done largely through volunteer efforts by members of the association. By 1957 the paid staff required to publish the journal had expanded to 25 people. The number of pages published in the journal yearly grew from 34 in 1935 to over 800 in 1957 (Paden, 1970).

As may be common to any new professional field there was controversy. At the 1930 convention Van Riper reported there was much heated debate over the direction this infant occupational field should take. The early founders were divided, some desired to keep the field research oriented, while others felt that the emphasis should be to the service of those with speech disorders. As recalled by Van Riper (1981), Pauline Camp of Wisconsin, the first state supervisor of speech correction, made an eloquent presentation for the need to train speech correctionalists for the public schools. She stated,

"these should be the backbone of your membership. If we can put a speech correctionalist in almost every school system, and certainly there is sufficient need for one, then many of our survival problems will vanish and our growth will be amazing. Build your college speech clinics and have them do the research we need so badly, but more importantly have them train special teachers we need to help and heal the hundreds of thousands of speech defectives who are to be found there." (p. 857)

Van Riper goes on to report that this view was severely challenged by others in the membership at that time. However, the present situation reveals that ultimately the presentation made by Pauline Camp was successful. Today the emphasis in the field of speech-language pathology is decidedly placed on service to the speech disordered.

There were many other changes in the early history of this profession which have a bearing on the current situation. Among these

was growth in the preparation requirements for those who would enter the field of speech-language pathology. The founders of ASHA envisioned a group of "scholars" in the field and therefore the first membership requirements were rather stringent. In 1926, the membership requirements reported by Paden (1970) were as follows:

1. Active present participation either in actual clinical work in speech correction or in administrative duties immediately concerned with the supervision, and direction, of such work.
2. Possession of an M.D., Ph.D., D.D.S., or of a master's degree in the securing of which degree important work shall have been done in speech correction or some closely allied field such as psychology, phonetics, modern languages, mental hygiene, psychiatry, or medicine.
3. Publication of original research in the form of a monograph, magazine article or book.
4. Possession of a professional reputation untainted by a past record (or present record) of unethical practices such as blatant commercialization of professional services, or guaranteeing of "cures" for stated sums of money.
5. A bona fide interest in speech made manifest by continued membership in the NATS. [This requirement was dropped in 1935.] (pp. 63-64)

Due to the stringent level of these requirements growth in membership was initially slow. A new set of qualifications for membership was accepted in 1930. The first group of members would be those who held basically the same qualifications as accepted in 1926. These members would be given the title "Fellows." The next group would be those who held at least a bachelor's degree with completion of the minimum requirements in the basic areas of speech "correction." Further, these members had to provide evidence of three years of "high grade, independent practical experience in an accredited working situation" (Paden, 1970, p. 64).

Another revision in membership requirements took place in 1941. At this time three levels of membership were established. Associate

members, consisting of students, clinical members, those who held at least a bachelor's degree, and professional members, those who held a minimum of a master's degree (Paden, 1970). The fellowship level was now reserved for those who had made some significant contribution to the field.

Despite all these changes within 10 years it was recognized that there was need for a more formal "certification" process. It took 15 months to complete this reorganization. But in 1952 the proceedings of the national ASHA convention reported that there were two levels of certification available to ASHA members. The minimum level would be the Basic Certification in Speech and Hearing, the requirement consisting of a bachelor's degree in speech and/or hearing followed by a one year preregistered clinical experience in accordance with ASHA's requirements for such an experience. The highest level available at that time would be the Advanced Certification in Speech and Hearing. This would necessitate completion of the requirements of the Basic Certification plus the additional completion of three more years of clinical experience (Clinical Certification Requirements of ASHA, 1952).

In 1965 ASHA established the use of the Certificate of Clinical Competence (CCC) in either speech pathology or audiology to designate those who were recognized by the professional organization as certified. The certification process was handled in a special manner to take care of those who were already members of ASHA. From 1965 to 1970 ASHA "grandfathered in" those who had previously been members in the following manner. Those who were holders of the Advanced Certificate were immediately granted CCC. Those who had held the Basic level of certification were given opportunity to obtain CCC by reporting four years



of acceptable speech pathology experience prior to 1-1-70, or by passing the "Special 1969 Examination" which was different from the regular NESPA (National Examination in Speech Pathology and Audiology) (History of ASHA Certification, 1981). Despite the deadline of 1970 for special treatment to become certified under the new standards there were significant numbers who did not take advantage of these special provisions and resultantly were not certified.

Once the time for these special provisions was completed those who came later were required to complete the following requirements to qualify for CCC in either speech pathology or audiology: completion of a master's degree of at least 60 semester hours including a prescribed group of courses, 300 clock hours of practicum under supervised conditions by holders of CCC, completion of Clinical Fellowship Year (CFY) upon graduation, again monitored by a present holder of CCC, and finally passage of the NESPA.

In addition to the changes in professional entry requirements there has been much change in the occupational settings where speech-language pathologists have found employment. As indicated earlier, the initial settings were primarily universities and medical facilities. These have been expanded to include public and private schools, clinics, private practice, corporate business, and governmental positions. With the change in the variety of settings for employment has come the increase in diversification and specialization within the field.

The growth in the profession of speech-language pathology has been fairly rapid during the years since the first meeting of the professionals in 1925. With this growth and change there has been both maturing of the profession as well as much controversy as to which

direction the profession should take. Many issues concerning the profession remain through 1983, including what the profit margin should be for services rendered, who should control the professionals working in the field, and whether or not speech-language and hearing should remain one united profession or split into separate professions.

### Career Patterns

Brown (1973), quoting Super, defined a career as "the sequence of occupations, jobs and positions occupied during the course of a person's working life to include pre-vocational and post-vocational positions" (p. 33). The nature of careers in various fields has been under scrutiny by many including Haldane (1974), Herr and Cramer (1979), Roe (1956), and Super (1957). The focus of these investigators has been varied. One consistent element, however, was the need to understand what the patterns actually were in various careers. Concurrently, there was the hope of determining what had motivated the specific patterns.

In a society such as the United States, where the reason to work has been elevated above the level of survival for most individuals, there has been a need to understand why people choose the work that they do. Roe (1956) in discussing the role of the occupation in the life of the individual stated the following:

The old concept of the economic man has proven totally inadequate to explain why men work as they do, or what it is that they are working for. That men work just to make a living is obviously not true. . . . Studies of morale in industry and of job satisfaction have shown that much more is involved in and expected of a job than a pay check. (p. 23)

Roe here suggested that there was something more that motivated individuals in their work beyond satisfaction of their basic needs. She

went on to state that this was particularly true in the "higher" occupational settings, which she identified as those which required extended training and generally a lifelong commitment.

In discussing the aspects of a job which cause it to be the "right" job for an individual Roe mentioned the following: It should draw on as many potentials of the individual as possible, there should not be overtraining for the job, and there is a need to institute a level of ambiguity in the job so that there can be some degree of decision-making for that individual. This list suggested that the components that make up a job have a powerful impact on whether it will be the "right" job for the individual. Super (1957) stated this idea in these words:

People gravitate toward occupations which are appropriate to their abilities, and persons who have too much ability for their jobs tend to leave them for more demanding work, i.e., work which requires them to take a role more in keeping with their abilities.  
(p. 294)

Therefore it is not surprising that when observing the career patterns of many individuals, one sees there is a consistent movement toward occupational levels which require a greater degree of decision making and responsibility. This movement within a given occupational field can take many forms including leaving one field and entering another, making a horizontal movement to another job setting which is at the same level of prestige and responsibility and vertical movement within the field to a position involving a higher level of status or responsibility.

In this society one frequently looks at the pattern of movement in an individual's career and attributes success on the basis of the

amount of vertical movement which has occurred. Roe (1956) made another observation:

There is still another definition of success: that a person has not only held his job, or followed his occupational career steadily, or even become famous, but that he has derived satisfaction and pleasure from it. (p. 281)

The measure of success therefore is closely linked to the level of job satisfaction the individual perceives himself to have experienced. Super (1957) further observed that the level of job satisfaction the individual experiences will have a powerful role in the degree of satisfaction with life in general. Both Roe and Super addressed those in service type careers. They observed that for these individuals there was generally a much stronger reliance on the non-tangible rewards to create the feeling of job satisfaction. This can frequently be observed in the careers of those who experience limited financial rewards but who express high levels of job satisfaction. Haldane (1974) observed that there was a definite pattern for the careers of most individuals. He identified this pattern as bringing most individuals through a period of experimentation with various careers and then establishment of a chosen career. After these two periods there was the mid-career period. This occurs when these individuals are at a point in their careers where they have made progress to a certain level but there is beginning to be some level of dissatisfaction for any of a number of reasons. For many this time is when financial rewards and other forms of job security are built to a point where a major career change is very difficult. Haldane (1974) suggested that at this point there are a variety of ways in which the individual can cope with the situation.

The results of this coping may include the following patterns of behaviors.

1. Maintainers who become self-satisfied with what they attained. They do as much as possible to retire from the rat race. They stay in their jobs but do as little as possible to hold onto them.
2. Convergors adopt a similar method, they move things along by minor adjustments and changes. They don't attempt any radical innovations, their aim is smooth operation.
3. Impersonals, which flourish in bureaucracies, become more concerned with their own progress than changing anything. They substitute the appearance of activity for progress.
4. Metamorphics who are concerned with improvement. They are rarely content with the status quo, they attempt change, value creativity, like to leave imprints on experiences. These individuals seek self-actualization through growth and will change environments if necessary. They are deeply concerned with a good self-perception. They are decisive, self-confident and take risks while accepting the pain of losing. (p. 137)

Examining the list, it can be seen that the first three responses to the mid-career "crisis" would not promote the occupation of the individual. The risks involved with the fourth means of coping are extremely high. In discussing this Haldane (1974) observed, "As people climb their career ladders it is natural for them to become more concerned with maintenance of their job and their status than with growth and change" (p. 136).

Bearing in mind these ideas and recognizing the potential for lost productivity when professionals are in that mid-career point, it is important to consider ways in which the situation can be addressed. Career pattern studies allow one to know the patterns which occur within a career and the problems reported by those who have already been through the career. With information provided by such studies a great deal of insight is possible about how these career problems can be addressed.

Numerous career pattern studies have been undertaken by various researchers in the following professional areas: occupational therapists (Brown, 1973), school superintendents (Craig, 1982; Mallery, 1971), teachers (Aurand, 1971; Moser, 1971; Parker, 1981), physicians (Jones, 1971; Quadagno, 1976), school counselors (Gahlhoff, 1969; Kaplan, 1966), nurses (Pepperdine, 1974), women in various positions (Cox, 1980; Douglas, 1976; Fecher, 1972; Meskin, 1981), engineers (Benjamin, 1967; Roe, 1956), as well as many others. Each of these studies contributed to the understanding of a small segment of the working population which creates a better understanding of what characterizes those who are employed.

### Overview of Theories of Job Satisfaction

As Hoy and Miskel (1978) observed:

The individual worker is, in all probability the most complex and least understood variable in work organizations. What causes a person to work? How are work motivation and organizational incentives related to job satisfaction? (p. 94)

With these words Hoy and Miskel began their discussion of what motivates or satisfies an individual worker. Their discussion provides a thorough overview of the work done in the field of job satisfaction to date. They began with Fredrick Taylor (1934) who felt that man was merely an adjunct to machines and that he was motivated solely by economic rewards. Also mentioned is B.F. Skinner, who viewed man as basically responding to the events in his environment. In Skinner's view, "As the interaction between organism and environment has come to be understood, however, effects once assigned to states of mind, feelings

and traits are beginning to be traced to accessible conditions and a technology of behavior may therefore become available" (Skinner, 1971, p. 25). These positions then gave way to some of the researchers in sociology and psychology who began to realize man was more complex than these theories would suggest.

Maslow (1970) began this movement away from these behavioral theories when he proposed his hierarchy of needs and stated, "Not all behavior is determined by the basic needs" (Maslow, 1970, p. 55). Maslow felt there existed a hierarchy of needs which determined the level of satisfaction an individual experienced. These needs were to be satisfied in a progressive fashion, in that individuals would not address the higher level needs until the more basic survival-type needs were met.

Another theorist in this area, Argyris (1957) proposed the pre-disposition model and postulated that "Individuals are themselves complex organizations. They produce the energy for an organization if there is some gain for them. The gain individuals seek can be understood by understanding their needs" (Argyris, 1973, p. 141). He basically views people as individuals who attempt to grow in independence and ability levels through the work they do.

Herzberg's two-factor theory was proposed in 1959 and has been one of the most widely tested and widely accepted theories. This theory is discussed in the next section.

Vroom (1964) proposed the expectancy theory to explain job motivation. In this theory he proposes that an individual is motivated on the basis of his expectation that his efforts will lead to successful performance. This is further defined by the valence or the degree of

attractiveness that the individual attaches to the potential reward and the instrumentality or the degree of belief that a given performance is essential for attaining that reward. In this theory what the worker believes about the results of his efforts has a great deal to do with his motivational level.

McGregor (1960) developed Theory X and Theory Y, yet another means of viewing a worker. These theories present two means of viewing what motivates or satisfies an individual. Theory X basically views man as lazy and motivated only by increased rewards. Theory Y conversely describes individuals as self-motivated by their desire to accomplish something in their work. This view presents individuals as rewarded by the work they do.

Another theory developed by Drucker (1954) was that of management by objectives (MBO). In this theory it is felt that when an individual has input into the development of the objectives of an organization and help in attaining his goals with reference to those objectives there will be a high degree of satisfaction.

In the early 1970s the U.S. Department of Labor financed an extensive investigation into this area. Their findings are enumerated in the research monograph "Job Satisfaction: Is There a Trend?" The expense and effort dedicated to this project indicated the awareness on the part of the Department of Labor of this area of concern, and the potential impact that it could have on employment. As stated in the monograph (1974)

Part of this increasing concern (with job satisfaction) stems from the belief--perhaps more widely publicized than well documented statistically--that the "mood" of the American workers is changing and that well-tried solutions are no longer adequate for many



newly emerging problems confronting workers and their employers. (p. 1)

The preceding section represents most of the main theories and demonstrates the range of ideas. Each theory has undergone testing and has experienced various degrees of support. Selection of one theory over another as a base for research is an arbitrary decision. The decision may be directed by the specific questions to be addressed and the nature of the research. For this research, the motivation-hygiene theory has been selected. It was concluded that this was a valid choice since much of Herzberg's research was done with professionals. Also the "common sense" appeal of Herzberg's motivators and hygienes as reported by Brockman (1971) was likely to be easily understood by those who participated as subjects in the research.

### Herzberg's Motivation-Hygiene Theory

In 1959 Fredrick Herzberg and others published the results of a study of job satisfaction done among a group of engineers and accountants. At this time he first presented his "two-factor" theory of job satisfaction. Unlike the previous theories of job satisfaction he did not view job satisfaction as a unidimensional attitude or feeling. He felt that there was one set of factors which caused the employee to feel dissatisfaction with his/her job and one set of factors which caused satisfaction.

In their book, The Nature of Man (Herzberg, Mauser, & Snyderman, 1959) in which Herzberg et al. presented the theory under discussion, they cited the work of several psychologists, including Jung, Adler, Rogers, and Sullivan. As Herzberg, Mauser, and Snyderman (1959) stated,

For such men, . . . , the supreme goal of man is to fulfill himself as a creative, unique individual according to his own innate potentialities and within the limits of reality. When he is deflected from his goal he becomes, as Jung says, "a crippled animal." (p. 114)

These ideas influenced Herzberg to begin to think that there was something different which motivated people in their jobs. When he initiated his research, the chief motivators which were being presented to many employees were things external to the job itself. Often, the context in which the work was performed was altered but the content of the job itself was largely unchanged. Herzberg saw this as providing a very short term level of satisfaction to most workers. He labeled such measures as "hygienes" since they appeared from his research to cause a short-lived improvement in job satisfaction. He likened them to a medical hygiene which "operates to remove health hazards from the environment of man. It is not a curative; it is rather a preventive" (Herzberg et al., 1959, p. 113). If the hygienes were perceived by the worker to be at an unsatisfactory low level, the worker would actually be in a state of dissatisfaction with his/her job. However, the reverse is not necessarily true. The presence of adequate amounts of all hygiene factors would not create job satisfaction, it would merely prevent job dissatisfaction.

Herzberg et al. (1959) first identified five hygienes or dissatisfiers in their initial study: salary, working conditions, supervision-technical, interpersonal relations, and company policy and administration. Upon further experimentation and consideration other factors were added to the hygienes including status, personal life, and job security.

These eight hygienes or dissatisfiers were defined by Herzberg (1966) in the following manner:

1. Salary includes all sequences of events in which some type of compensation (wage or salary increase) play a role. Unfulfilled expectations to receive an expected salary increase is also included in this category.
2. Working conditions refers to the physical conditions of work and the facilities available for performing the work (adequate tools, space, lighting, or ventilation).
3. Supervision-technical includes those events in which the competence or incompetence of the supervisor are the critical factors. Statements concerning a supervisor's willingness or unwillingness to delegate responsibility or his willingness or unwillingness to instruct are included.
4. Interpersonal relations involves actual verbalization about the characteristics of the interaction between the worker and another individual. Three categories of interpersonal relations are specified: those involving subordinates, those involving peers, those concerning supervisors.
5. Company policy and administration includes factors in which some overall aspect of the company is involved. Herzberg (1959) identified two types: the first concerns the adequacy or inadequacy of a company's organization and management; the second involves the positive or negative effects of the company's personnel policies.
6. Status refers to the sequence of events in which the respondent specifically mentioned that a change in status affecting his or her feelings about the job (attaining a larger office, use of a company car, or having a personal secretary).
7. Personal life involves a situation in which some aspect of the job affects the individual's personal life in such a manner that the respondent's feelings about his job are affected (a family-opposed job transfer).
8. Job security refers to signs of job security (continued employment, tenure, and financial safeguards). Feelings alone of security or insecurity were not accepted. (pp. 193-198)

Herzberg felt these were the very areas in which institutions had focused their efforts in an attempt to motivate their employees. "To the institution it seems easier to motivate through fear of hygiene

deprivation than to motivate in terms of achievement and actuating goals" (Herzberg, 1966, p. 172). So often the individuals in positions of leadership have assumed that the only way to motivate the worker is economic gain or satisfaction of "comfort" needs. As Herzberg observed, this is in opposition to the theories of man's nature proposed by the leading psychologists. In essence, what is occurring, in Herzberg's opinion, is that the protestant ethic where hard work and honest effort was valued and rewarded is being replaced by the "avoidance ethic" where the worker is motivated only by making his or her life easier.

On the other side Herzberg discussed the motivators, those aspects of the career which cause the individual to feel satisfied. From his research he observed that these factors had a much higher prevalence when the individual was discussing their level of job satisfaction. Herzberg (1966) observed the phenomenon in the following manner:

A "hygienic" environment prevents discontent with a job but such an environment cannot lead the individual beyond a minimal adjustment consisting of the absence of dissatisfaction. A positive "happiness" seems to require some attainment of psychological growth. (p. 78)

Herzberg (1966) identified the presence of the following items as "motivators": advancement, achievement, recognition, work itself, responsibility, and possibility of growth. Upon analysis of his initial research with the accountants and engineers, he found that their accounts of satisfying incidents were highly loaded with references to these factors. In opposition to the hygienes, he felt that often these factors were seen as coming more from inside the workers themselves.

In terms of each of these motivators, Herzberg (1966) defined them in the following ways:

1. Advancement refers to actual changes in the status or position of an individual in an organization. It also included the possibility of or hope of advancement.
2. Achievement refers to all events which lead toward realization of the worker's personal objectives (successful completion of a job, finding a solution to a problem, or seeing the results of one's own work). The definition also includes the opposite--failure to achieve.
3. Recognition comprises some act of praise, notice (positive recognition) or blame (negative recognition) toward the employee from the work environment (a peer, professional colleague, supervisor, or the general public).
4. Work itself denotes the actual doing of the job or the tasks of the job as a source of good or bad feelings. It also refers to the opportunity to complete a unit of work.
5. Responsibility relates to authority and includes those sequences of events in which the worker mentioned satisfaction derived from being given responsibility for his own work or the work of others, or being given new responsibility. Also included were those incidents in which there was a loss of satisfaction from the lack of responsibility.
6. Possibility of growth refers to growth in specific skill areas as well as growth in status which would enable the individual to move onward and upward in a company. The factor also encompasses the lack of opportunity for growth. (pp. 193-198)

Herzberg's methodology was somewhat different from the methods used by other researchers in the area of job satisfaction. He instructed his subjects to relate an incident which was particularly satisfying or dissatisfying in their professional career. From this information he determined the significant factors which appeared to underly the job satisfaction or job dissatisfaction of that individual. Herzberg felt questionnaire methods were unsatisfactory to determine the real causes for satisfaction or dissatisfaction. He felt that often people respond to questionnaires in ways which indicate strong opinions when in reality it is an area they care very little about. He selected the method of asking the respondent to discuss a "critical

incident" which caused either great satisfaction or dissatisfaction in their job in hopes of ascertaining what really mattered to the respondent.

Herzberg's work and theory has been criticized on the basis of his use of this method. However, the number of replication studies which have been done with both critical incident interviews and questionnaires suggest that use of different methodology will not destroy the theory.

#### Research Critical of Herzberg's Motivation-Hygiene Theory

As indicated earlier, the two-factor theory has been subjected to considerable criticism since its development in 1959. House and Wigdor (1967) wrote a review of many of the replication studies that had been done using Herzberg's theory. They stated that the theory can be criticized on several grounds, "first, that it is methodologically bound; second, that it is based on faulty research; and third, that it is inconsistent with past evidence concerning satisfaction and motivation" (House & Wigdor, 1967, p. 371).

House and Wigdor addressed each of these criticisms. The first, concerning the methodological question, has been the one most frequent area of criticism. This criticism focused on the use of the critical incident interview technique for gathering data regarding job satisfaction and dissatisfaction. The critics maintained that the theory does not hold true when another methodology is used. It is felt that the use of critical incident reporting causes the respondents to color the information they give in such a manner as to make themselves look good

and factors outside themselves look bad. House and Wigdor quoting Vroom stated, "People tend to take the credit when things go well, and enhance their own feeling of self-worth, but protect their self-concept when things go poorly by blaming their failure on the environment" (House & Wigdor, 1967, pp. 371, 372). As stated previously, Herzberg was concerned with discerning what was really motivating people. For this reason he chose to let them identify what they felt was significant in relation to their job satisfaction levels.

The second area of criticism focused upon the actual research foundation. It was felt by House and Wigdor that the rating system was much more subjective than objective and hence contamination of the data was quite possible. These authors also stated that Herzberg has been criticized on the basis of the operational definitions which he gave his satisfiers and dissatisfiers. House and Wigdor (1967) and Hinrichs and Mischkind (1967) have suggested that there was a great deal of overlap in the categories.

The final area of criticism dealt with the inconsistency with the previous research in the area of job satisfaction. In this criticism they focused upon the degree of correlation between level of satisfaction and productivity of the worker. House and Wigdor stated that if this theory was true one would expect the most intrinsically satisfied workers to be the most productive. This, they stated, was not supported by Herzberg's research in that Herzberg et al. (1959) cited 27 studies in which a quantitative relationship between job attitude and productivity was studied. In only 14 studies was the relationship positive, in the other 13 studies it was not related.

The replications of Herzberg's study include those done with the critical incident interview technique and those done with the questionnaire method. In considering these replications, some arrive at different conclusions than Herzberg's theory would suggest. House and Wigdor (1967) present a lengthy synopsis of a number of replications where they felt Herzberg's theory was not supported, also Hinrichs and Mischkind (1967), Maas (1968), and Wernimont (1964) found results at variance with Herzberg's motivation-hygiene theory.

#### Research Supportive of Herzberg's Motivation-Hygiene Theory

Brockman (1971) reviewed many of the replications of Herzberg's motivation-hygiene theory and arrived at very different conclusions from House and Wigdor. Although she viewed the same theory and many of the same replications, she provided support for Herzberg's theory. She began her review with these words:

The spectacle of the questioning of a revolutionary idea is not new. The experts and the scholars, the seasoned university professors and the pristine young Ph.D.'s react with vigor to disparage concepts which possibly destroy a comfortable reliance on established, accepted "principles." . . . The Herzberg controversy has now raged for at least ten years. Much scholarly research has been done and numerous articles have been published by both sides of the heated debate over the dual approach to the study of job satisfaction opposed to the conventional approach. . . . The argument between them has unfortunately deteriorated to a series of accusations and counteraccusations, revolving for the most part around the relative merits of the two methods of obtaining data. (p. 155)

In again addressing some of the criticisms mentioned in the previous section, Brockman offered the following interpretations. In discussing the methodology, she stated that Herzberg and his colleagues



were extremely cognizant of the pitfalls of studying attitudes. It was their desire to study the attitudes that were actually present and not those that were forced to surface as a result of the prompting of a questionnaire or forced answer test. Herzberg asked his respondents to talk about changes in their attitudes. He hoped that by requesting information about attitude changes he would identify attitudes that really existed. Further, Herzberg was asking his respondents to talk about a time when they were extremely happy or unhappy about their jobs. He followed this by careful probes which uncovered the details of that time period as well as the return to the previous level of satisfaction with the job. Herzberg required that a "critical incident" meet certain criteria: it must be bound by time, must concern feelings that were extremely good or bad, must involve the job class the individual was presently in, and finally must relate to the job and not to one's personal life. The extensiveness of these criteria created tight controls over the incidents which were reported.

Brockman (1971) went on to review the research of numerous investigators. Many of those she reviewed were the same as those reviewed by House and Wigdor (1967). She concluded a basic pattern of support for Herzberg's theory. She stated that despite the methodology chosen the satisfiers are better predictors of job satisfaction and the hygiene factors are more related to dissatisfaction levels. She observed further that

From the review of other research on job satisfaction it seemed that quite often Herzberg's critics' objections to his theory or his methods were made with complete disregard of the arguments and explanations he presented. Often they seemed to be ignoring the overall idea in favor of "nit-picking." There was evidence of ambiguity, of forced context, and of

unjustified extrapolation of theory. Semantic differences were especially apparent. (p. 186)

In addition to the work done by Brockman (1971), the following researchers supported Herzberg's theory in their studies: Darrow (1971), Donahou (1978), Ford and Borgatta (1970), Groseth (1978), Hammer (1970), Iannone (1969), Koza (1979), Lindsay (1965), Sergiovanni (1966), and Sheppard (1979). Of these, five were questionnaire studies which supported the same conclusions as the critical incident interview studies. These findings, as well as Brockman's discussion, suggest that there is a high degree of consistency in the research done on Herzberg's theory. As Brockman (1971) stated: "Herzberg's concrete recommendations seemed so logical, so common sense, and fit so well with what the average intelligent person might have observed, that they lend further credence to his duality concept" (p. 186).

Additionally, the consistency in the results obtained when this theory had been tested by other researchers<sup>1</sup> utilizing a questionnaire format (Brockman, 1971; Darrow, 1971; Donahou, 1978; Hammer, 1970; Iannone, 1969) provided additional support for the selection of Herzberg's theory for this study. For these reasons this theory was selected to provide the basis for the satisfaction and dissatisfaction portion of this study.

### Review of the Literature in Retrospect

The history of speech-language pathology, since the late 19th century, was delineated. Noted were the changes in title and academic requirements which occurred in the history of this profession. With this basic overview of the profession of speech-language pathology, the

discussion of the broader view of career patterns in general begins. Included in this discussion were examples of career pattern studies from other professional fields. Career patterns it was noted provide useful information about the profession in general and individuals within the profession. Job satisfaction was then discussed by a review of a range of job satisfaction theories and then specifically as theorized and defined by Fredrick Herzberg et al. (1959).

As previously stated the intent of this study was not to verify or refute Herzberg's two-factor theory. For the purpose of this study the Herzberg theory provided a specific means of viewing job satisfaction and dissatisfaction and the component parts which comprise these two states. The job elements identified by Herzberg are labeled with familiar terms and are comprehensible without additional explanation to most individuals. This was believed to be of importance when utilizing a questionnaire format to collect data. Further, Herzberg's initial research was done with professional people, suggesting that this theory and the specific job elements it included would be appropriate for those in speech-language pathology. The results of the pilot testing done on a group of speech-language pathologists prior to the actual study indicated that there was little confusion about what was meant by the job elements these individuals were asked to rate.

With this review in mind it appeared that information about the career patterns and job satisfaction and dissatisfaction levels of those in the field of speech-language pathology would be beneficial. This was especially true recalling the concerns raised by many in the field of speech-language pathology about the number of individuals in the field who are leaving this professional field or who are remaining with severe

levels of dissatisfaction. This information would potentially aid those currently in the profession, those yet to begin careers in speech-language pathology, those in roles of training speech-language pathologists, and those in managerial roles over speech-language pathologists.

#### Note

<sup>1</sup>Brockman (1971) reviewed 46 replication studies done based on the two-factor theory. Among these studies cited are eleven which utilize a questionnaire methodology for collecting data. The seven studies she reviewed which supported Herzberg's theory and utilized a questionnaire methodology are Bloom and Barry (1967); Gibson (1961); Haywood and Dobbs (1964); Rosen (1963); Singh and Baumgartel (1966); Weissenberg and Gruenfeld (1968); and Wernimont, Toren, and Kopeil (1970). The remaining four questionnaire studies which reported results at variance with Herzberg's theory were in Brockman's opinion, applying Herzberg's theory in a means which altered its basic premises. Such misapplications included forcing Herzberg's two-factor theory into a traditional job satisfaction model and looking at a restricted number of job elements.

### CHAPTER III RESULTS

The presentation of the data relative to career patterns and job satisfaction and dissatisfaction adhered to the following sequence. The response rates and characteristics of the sample were presented; initially, the rest of the chapter was organized around the five major research questions. First, the demographic characteristics of the sample were presented; second, career patterns were presented; third, the prevalence of leaving speech-language pathology was presented; fourth, the amount of mobility was presented; and finally, the sources and levels of job satisfaction were presented. All the foregoing were analyzed in accordance with the research questions proposed earlier.

#### Response Rate and Characteristics

Of the 532 research questionnaires initially mailed the total response rate was 52%. The actual usable number of research questionnaires was somewhat lower in that the total response rate was adjusted for those who had never received a degree in speech-language pathology at any time in their academic careers. These individuals were inadvertently included in the lists supplied the researcher. The number was further adjusted for those individuals whose addresses were incorrect. Therefore, the number of responses when adjusted in these ways resulted in an actual response rate of 49% (223/457).

The respondents represented all 11 universities from which the sample was drawn. However, the respondents actually represented a total of 91 universities in their total academic careers. There was representation from all the graduation periods (1950-52, 1960-62, and 1970-72) which had been used for the sampling procedure.

Some of the individuals in the sample failed to return the research questionnaire after the initial mailing. These individuals received a reminder postcard which encouraged them to complete and return the questionnaire. Since some of the responses were received without the prompting of a reminder card and some required this reminder, there was a need to compare the two response groups to determine the level of similarity which existed between the groups. A chi-square comparison was made of these two groups of respondents on the basis of selected variables from the research questionnaire. The variables chosen for this comparison were sex, salary range, reported likelihood of again selecting speech-language pathology as a career, and the rating given overall satisfaction in the field of speech-language pathology. These variables were chosen by the researcher because they were perceived to provide some comprehensive basis for comparison based on both the demographic characteristics of the two response groups as well as the reported satisfaction levels. The results of the chi-square comparisons revealed there were no significant differences between the two groups. For this reason it was concluded that the sample could be considered as a whole for the remaining data analysis.

### Demographic Characteristics

The demographic characteristics as specified in research question one were as follows: sex, marital status, time of graduation, number and levels of other degrees, number of employment settings, salary range, possession of the certificate of clinical competence in speech and/or audiology, and membership in the American Speech-Language and Hearing Association.

There were 31 males and 192 females who participated in the study (see Table 1). The representation of males and females in this study was consistent with the sex distribution which can be observed in the profession of speech-language pathology. Communication from Jerry Punch (Note 2) indicated that as of 12/31/82 ASHA membership consisted of 85% females and 15% males.

Table 1  
Distribution by Sex and Marital Status

Group	<u>n</u>	Percentage
<u>Sex distribution</u>		
Males	31	14%
Females	192	86%
Total	223	100%
<u>Marital status distribution</u>		
Single (never married)	24	10.8%
Married	153	68.6%
Separated	5	2.2%
Divorced	25	11.2%
Widowed	9	4.0%
Not reported	7	3.2%
Total	223	100%

Table 1 also shows the marital status of the 223 respondents. There was no breakdown of this variable on the basis of sex. As might be expected, the highest representation was observed in the married category.

The number of different settings in which these respondents worked is contained in Table 2. Since some of the respondents obtained their degree in speech-language pathology but were never gainfully employed, the total number is less than the total number of respondents in the study. The mean length of these employment experiences is also indicated in Table 2. The highest number of employment settings any respondent reported was 10 and the least was 0, for the 7 individuals who had never worked in speech-language pathology. The mean length of employment for these employment settings ranged from 1.00 to 5.76. However, the range in terms of actual years employed ranged from 1-31 years for those in only 1 setting and 1-2 years for those in 10 settings. As might be expected there was a progressive reduction in the number of individuals who held more than one or two positions. However, it may be seen that over half of the sample (115) held at least 4 different positions during their professional careers. The mean length of time spent in each position is comparable for these four positions. However, when observing the range for these employment setting, it can be seen that there were some individuals that remained in one of these first four positions for most of their professional lives. This indicates that while some speech-language pathologists choose to move about during their professional lives there are some who may remain in one of their early jobs and make no further changes.



Table 2  
Number of Employment Settings and Mean Length of Experiences  
in Each Setting

Number of Settings	<u>n</u>	Mean Length in Years	Range in Years
0	7		
1	216	4.26	(1-31)
2	192	4.37	(1-28)
3	153	4.58	(1-25)
4	115	5.46	(1-25)
5	71	4.26	(1-19)
6	41	3.75	(1-13)
7	21	5.76	(1-20)
8	9	3.44	(1-8)
9	4	2.25	(1-7)
10	2	1.00	(1-2)

The number and levels of the degrees of the respondents are shown in Table 3. This table lists all the degrees which the respondents possessed. Therefore the totals represent the number of the entire sample of 223 who held degrees at each of these levels. These have been summarized into four time periods: prior to 1950, 1950-1959, 1960-1969, and 1970 to the present.

Since the information for this table came from the responses provided by those in the sample, the totals reported here differ from those stated earlier in the sampling procedure section. This was because many of the respondents either held degrees prior to the ones they obtained at the institution submitting their name or they received other degrees subsequent to the degrees received at the institution submitting their names. The time of graduation ranged from before 1950 to 1972 for those who held bachelor's degrees. The range of the master's degrees spanned the time period prior to 1950 to 1983. Specialists degrees for the members of the sample ranged from 1960 to 1983. Doctoral degrees

were observed from 1950 to 1983. Finally other degrees, which included such things as second master's, dental degrees, and special degrees, ranged from 1960 to 1982. The distribution in Table 3 shows that all of those in the sample held a bachelor's degree, and most (85%) held a master's degree. The number of respondents who held specialist, doctoral, or other degrees was much lower. This is consistent with the entry requirements for the field of speech-language pathology. The norm in this field is for those in this field to have at least a master's degree, although this is not universally required.

The distribution of respondents receiving degrees in fields other than speech-language pathology and those who received all their degrees within the field of speech-language pathology is shown in Table 4. The number of each of the degrees conferred at each degree level is shown in Table 5. There were obvious differences in the total number of degrees held at each level and the number of individuals holding speech-language pathology degrees at these levels. For instance, in some cases the individual held a bachelor's degree in another field and then received a master's degree in speech-language pathology and sometimes the reverse was the case.

Level of degree for those in the sample was presented in Table 6. The highest degree achieved was stated regardless of the degree field. The highest degree in the field of speech-language pathology is listed in the second part of Table 6. As can be seen from observing the table, there were some individuals who either stopped their education totally after receiving their bachelor's degree in speech-language pathology or who then changed to another field for the rest of their educational preparation. Considering the time period when many of these degrees were

Table 3  
Time of Graduation for Those in the Sample

Degree Level	Graduation Period	<u>n</u>
Bachelor's	Before 1950	18
	1950-1959	70
	1960-1969	72
	1970-1972	63
	Total	223
Master's	Before 1950	1
	1950-1959	31
	1960-1969	56
	1970-1982	103
	Total	191
Specialist	Before 1950	0
	1950-1959	0
	1960-1969	1
	1970-1983	5
	Total	6
Doctorates	Before 1950	0
	1950-1959	3
	1960-1969	12
	1970-1983	13
	Total	28
Other Degree	Before 1950	0
	1950-1959	0
	1960-1969	3
	1970-1982	5
	Total	8

Table 4  
Distribution by Degree Fields

Individuals holding all degrees in speech-language pathology	135 (60.5%)
Individuals holding at least one degree outside of speech-language pathology	88 (39.4%)
Individuals holding a bachelor's degree in speech-language pathology and a master's degree in another field	30 (13.4%)
Individuals holding a bachelor's degree in a field outside of speech-language pathology but earning a master's degree in speech-language pathology	38 (17.0%)

Table 5  
Distribution by Level of Degree and Degree Field

Degree	In Speech-Language Pathology	Not in Speech-Language Pathology	Total
Bachelor's	182	41	223
Master's	158	33	191
Specialists	0	6	6
Doctorates	16	12	28
Other	2	6	8

received it may be that this movement was the result of lack of availability of the true area of interest on the undergraduate level, or the lower professional entrance requirements which existed prior to 1969.

Table 6  
Highest Degree Attained in Speech-Language Pathology  
and in All Fields Combined

Degree	<u>n</u>	Percentage
<u>Highest degree attained in any field</u>		
Bachelor's	27	12.1%
Master's	157	70.4%
Specialists	4	1.8%
Doctorate	27	12.1%
Other	8	3.6%
Total	223	100%
<u>Highest degree attained in speech-language pathology</u>		
Bachelor's	58	26.0%
Master's	147	65.9%
Specialists		
Doctorate	16	7.2%
Other	2	.9%
Total	223	100%

The certification levels and ASHA membership, the national professional organization for those in the field of speech-language pathology or audiology, of those in the sample is shown in Table 7. Since this research focused on those in speech-language pathology, it was not surprising to observe few with certification in the field of audiology. The total number of those in the sample with certification in audiology (CCC-A) was 14 (6%). The total number of those with

certification in speech-language pathology (CCC-SP) was 121 (54%). Membership in ASHA was calculated to be 114 or 51%.

Table 7  
Distribution by Certification and ASHA Membership  
Among the Respondents

Certification	<u>n</u>	Percentage
CCC-A	14	6.3%
CCC-SP	121	54.2%
ASHA Membership	114	51%

The 1983 salary ranges reported by those in the sample are contained in Table 8. The number of respondents who selected the lowest salary range was larger than expected. This may have been because not everyone in the sample had been working full-time at the time the questionnaire was completed. However, the mode salary range of the group was observed to be in the \$20,000 to \$29,999 salary range.

Table 8  
Distribution by Salary Ranges Among the Respondents

Salary Range	<u>n</u>	Percentage
Below \$10,000	22	9.9%
\$10,000 to \$19,999	57	25.6%
\$20,000 to \$29,999	80	35.9%
\$30,000 to \$39,999	25	11.2%
Above \$40,000	13	5.8%
Not reported	26	11.6%
Total	223	100%

### Career Patterns

Research question two addressed the longevity of service to the total field of speech-language pathology, as well as the longevity of service to each of the five major sectors of practice (public/private schools, universities or colleges, hospitals, private practice, and community clinics). Further, in question two the characteristics of the breaks observed in the careers of those in the sample was addressed.

Table 9 presents the overall longevity of service to the field of speech-language pathology. Table 10 shows the longevity of service in each of the five major sectors of practice. The question about the total length of service to the field of speech-language pathology was answered when the respondents selected from a pre-established length of employment range. The length of time employed in each of the five major sectors of practice was specified by the respondents recording an exact number. This caused there to be a difference between the two types of data. The mode length of service to the profession overall was in the third range, 11-15 yrs. The means for the time worked in each of the five sectors of practice are as follows: public/private schools, 10.9 yrs; college/university, 8.8 yrs; hospitals, 5.9 yrs; private practice, 6.7 yrs; and community clinics, 3.6 yrs. The number of respondents shown in Table 10 who worked in the different sectors of practice exceeds the total sample size because some individuals worked in more than one sector of practice. Public/private schools exhibited the highest level of representation. This is to be expected given the number of public/private school speech-language pathology jobs which exist. Public/private schools also evidenced the largest mean length

of employment level, 10.9 yrs. Community clinics exhibited the shortest mean length of employment, 3.5 yrs.

Table 9  
Longevity of Service to the Total Field of  
Speech-Language Pathology

Length of Service	<u>n</u>	Percentage
0 to 5 yrs	45	20.2%
6 to 10 yrs	49	22.1%
11 to 15 yrs	58	26.1%
16 to 20 yrs	20	8.9%
21 to 25 yrs	24	10.8%
26 to 30 yrs	11	5.0%
More than 30 yrs	12	5.0%
Not reported	4	1.9%
Total	223	100%

Table 10  
Longevity of Service (in yrs) to the Five Major Sectors  
of Practice

Sector of Practice	<u>n</u>	Mean	Range
Public/Private Schools	180	10.9	(1-44)
Colleges/Universities	48	8.8	(1-31)
Hospitals	46	5.9	(1-22)
Private Practice	42	6.7	(1-25)
Community Clinics	52	3.5	(1-11)

Other employment patterns which emerged from the analysis of the data revealed some general observations about the patterns of speech-language pathologists demonstrated in their employment experiences.



One of these observations (shown in Table 11) was the number of speech-language pathologists who had more than one job during their working careers as compared with those who had only one job throughout their entire employment period. It was found that 24 held one job only throughout their entire professional careers. In contrast, 197 were employed in two or more jobs during their professional careers.

Table 11  
Distribution by Number of Jobs Held in One's Professional Life

Number of Jobs	<u>n</u>	Percentage
One job	24	10.8%
More than one job	197	88.3%
Missing data	2	.9%
Total	<u>223</u>	<u>100.0%</u>

The overall amount of movement among the five major sectors of practice is presented in Table 12. It was observed that 121 of those in the sample were employed in at least two sectors of practice during their professional careers. Conversely, 99 of those in the sample remained in only one sector of practice throughout their entire working career.

The number of individuals who worked at two jobs simultaneously during their professional careers is shown in Table 13. It was found that 58 of those responding held two or more jobs simultaneously during at least one point in their professional careers. There were 162 sample members who reported there was no time in their careers when they worked at more than one job. This represented over 26% of the sample that

engaged in simultaneous work experience during at least one time in their careers.

Table 12  
Distribution by the Number of Sectors of Practice in Which  
the Respondents Worked

Number of Sectors	<u>n</u>	Percentage
One sector	99	44.4%
More than one sector	121	54.3%
Missing data	3	1.3%
Total	223	100.0%

Table 13  
Distribution by Frequency of Simultaneous Work Experience

Number of Simultaneous Jobs	<u>n</u>	Percentage
No simultaneous work experience	162	72.6%
Simultaneous work experience	58	26.4%
Missing data	3	1.0%
Total	223	100.0%

Table 14 shows the distribution of those individuals who had obtained a degree in speech-language pathology who never worked in this professional field. These individuals had earned at least a bachelor's degree in speech-language pathology but they had never worked in the field of speech-language pathology at any time. There were only 7 respondents reporting no work experience in the field of speech-language

pathology. The remaining 216 respondents with degrees in this field reported at least one professional experience in the field. Further analyses of the overall career patterns indicated that of the 216 who were in speech-language pathology, 143 (64%) never left the field once they had entered it, 35 (15%) left to enter another profession but subsequently returned, and 38 (17%) left the field and did not return.

Table 14  
Distribution by Pattern of Work Experience in  
Speech-Language Pathology

Type of Experience	<u>n</u>	Percentage
Never employed in speech-language pathology	7	3.1%
Employed at least once in speech-language pathology	216	96.9%
Never left field	(143)	(64.0%)
Left at least once but returned	(35)	(15.9%)
Left permanently	(38)	(17.0%)
Total	223	100.0%

A final general area which was studied was whether or not the individual respondents took a break from their professional careers at any time during their working lives. This "break" was defined to be any interruption of one year or more with a subsequent return to their professional careers after the break was over. Table 15 shows that 118 indicated that they did have a break in their professional careers at least once in their professional lives, while 103 stated that there were no breaks in their work experiences. This is extremely consistent with the high representation of females in the sample given the frequency

of child-bearing or home responsibilities which can interrupt the career of a woman.

Table 15  
Distribution by Presence of "Breaks" in Career

Presence of Breaks	<u>n</u>	Percentage
No breaks	103	46.2%
Breaks	118	52.9%
Missing data	2	.9%
Total	223	100.0%

The respondents were asked to specify the reasons for the breaks that were taken from a list of 11 reasons which were given in the research questionnaire. There was also a 12th category if any felt that none of the first 11 choices adequately explained the reason for their break. The respondents were instructed to select up to three reasons each time a break was taken. The breakdown of the reasons selected is displayed in Table 16. This table lists the breaks according to the position number which occurred prior to the time when the break was taken, first through seventh. It was observed that no breaks occurred in any respondents' professional careers after the seventh position. Following this table is Table 17 which specifies the sector of practice the respondents were in when the break occurred.

The number of individuals who left the field of speech-language pathology was calculated as compared with those who had never left or who had left briefly (took a break) but had returned at a later time. The individuals defined as leaving the field of speech-language

Table 16  
Reasons Listed for "Breaks" in Professional Careers

Reason	"Break"							Total
	1*	2	3	4	5	6	7	
1. Employed in another occupation	25	13	9	9	3	2	4	65
2. Further education	31	13	2	2	1	2	2	53
3. Personal illness or disability	1	0	2	1	1	0	0	5
4. Needed at home by family	9	10	7	4	1	0	3	34
5. Change in spouse's career	7	7	10	4	0	1	0	29
6. Pregnancy or child-bearing	43	30	17	7	3	0	0	100
7. No desirable work opportunity in speech-language pathology	3	1	1	0	0	1	0	6
8. Desired a "break" from speech-language pathology	2	2	1	2	2	0	0	9
9. Desired to live in a different geographic location where there was no position in speech-language pathology available	3	1	2	1	0	0	0	7
10. Financial considerations	1	0	0	0	0	0	0	1
11. Did not want to continue their current job and could not secure another position immediately	0	0	1	0	0	0	0	1
12. Other: Please describe in space provided	5	0	5	1	0	1	0	12
Grand Totals	130	77	57	31	11	7	9	322

\*Refers to the number of the position prior to the "break."

Table 17  
Sector of Practice Prior to Time of Break

Sector of Practice	Number of Break							Totals
	1st	2nd	3rd	4th	5th	6th	7th	
Public/Private Schools	85	42	24	11	2	2	2	168
University/College	2	6	1	4	4	0	1	18
Hospital	6	3	4	2	1	2	0	18
Community Clinics	3	4	3	2	1	0	1	14
Private Practice	0	1	3	0	1	0	1	6
Other	2	2	0	1	0	1	1	7

Table 18  
Distribution  
of Career Patterns in the Field of Speech-Language Pathology

Professional Field Status	<u>n</u>	Percentage
In speech-language pathology currently or for last reported job	178	80%
Left speech-language pathology	38	17%
Never employed in speech-language pathology	7	3%
Total	223	100%

pathology were those who had worked in the field for some period of time and then moved to another occupational field, not returning to speech-language pathology. Those individuals who stopped working completely but whose last job was in speech-language pathology were not included in those defined as leaving the field. As can be observed from Table 18, there were people (17%) who completely left the field of speech-language pathology to enter another professional field.

### Influences on Leaving the Field of Speech-Language Pathology

Some of the factors hypothesized to affect one's decision to leave the profession of speech-language pathology were evaluated by the use of chi-square statistics. The factors evaluated were as follows: time of graduation, sector of initial employment, level of highest academic degree, marital status, primary job role within the initial position, and salary level. Table 19 contains the results for all the chi-square tests performed. As can be observed from the table, the factors shown to have a significant degree of impact upon leaving the profession were level of highest degree and primary job role within initial position. The other factors did not significantly affect leaving the profession.

Table 19  
Analysis of Factors Related to Decision to Leave the Field of  
Speech-Language Pathology

Factors	Chi-Square	df
Time of graduation	7.89	4
Sector of initial employment	4.54	12
Level of highest degree	34.22*	6
Marital status	3.05	10
Primary job role within initial position	16.88*	8
Salary level	9.07	10

\*p < .05

### Movement Within the Sectors of Practice

Research question four addressed the movement which was observed within the job sectors. This movement was assessed in two ways. The first determination was the number of moves the respondents made among the various sectors of practice. This would be exemplified by someone who began in public/private schools, moved to private practice, returned to public/private school, and ultimately was employed in a hospital. For the preceding case, the number of moves would equal three. The second measure of movement among the sectors of practice was determined by comparing the initial sector of practice with the final sector of practice. Returning to the previous example, this individual began in public/private schools and ultimately was employed in a hospital.

The impact of time of graduation, sector of initial employment, level of highest academic degree, marital status, primary job role within initial position, and salary level was calculated for the number of moves reported. The pattern of movement relative to first and last jobs was calculated and reported for each initial sector of practice.

Table 20 presents the results of the chi-square calculations performed on the basis of number of moves among the sectors of practice. As can be observed from the table, the factors, sector of initial employment, level of highest academic degree, and primary job role within the initial position, were significantly associated with the number of moves made among the sectors of practice. The other factors, time of graduation, marital status, and salary level, were not related.



Table 20  
Factors Related to Movement Within the Field

Factor	Chi-Square	df
Time of graduation	16.91	18
Sector of initial employment	87.23*	48
Level of highest academic degree	107.87*	27
Marital status	40.98	45
Primary job role within initial position	52.48	32
Salary level	50.97	45

\* $p < .05$

The comparison of all the respondents' initial sectors of practice with their final sectors of practice is found in Table 21. As can be observed from the table, there were more individuals who began their careers in public/private schools, hospitals, and private practice, than who ended their careers in these sectors of practice. University/college, community clinics, and other showed an increase in percent employed. The difference in number employed between the final and initial sectors of practice was calculated by subtracting the percent initially employed in a given sector from the percent finally employed in that same sector.

The pattern of mobility among the job sectors was determined based upon the movement from first job to last job. Table 22 presents the results of these calculations. As can be seen in Table 22 community clinics showed the highest percentage of retention of speech-language

pathologists from first to last positions and other showed the lowest percentage of retention.

Table 21  
Comparison by Initial and Final Sectors of Practice  
for All Respondents

Sector of Practice	n Initial	%	n Final	%	Difference
Public/private school	162	72.6%	118	53.0%	-19.6%
University/college	10	4.4%	20	9.0%	4.6%
Hospital	18	8.0%	17	7.6%	-0.4%
Private practice	17	7.6%	9	4.0%	-3.6%
Community clinic	5	2.3%	27	12.1%	9.8%
Other	4	2.0%	25	11.2%	9.2%
Never worked	7	3.1%	7	3.1%	0%
Total	223	100%	223	100%	

### Job Satisfaction and Dissatisfaction

In research question five the degree of job satisfaction and dissatisfaction was addressed relative to sector of practice, time of graduation, level of highest degree, and reported salary range. The time of graduation was determined according to when the respondent's bachelor's degree was received. Level of highest degree was determined only for degrees in the field of speech-language pathology. Therefore, individuals receiving higher degrees in other fields were considered at their highest speech-language pathology degree level.

Table 22  
Pattern of Movement from Initial to Final Sectors of Practice

Initial Sector of Practice	<u>n</u>	Final Sectors of Practice	<u>n</u>	<u>Percentage</u>
<u>Public/private schools</u>				
Public/private schools	162	Public/private schools	104	64.2%
		University/college	10	6.2%
		Hospital	8	4.9%
		Private practice	3	1.9%
		Community clinic	18	11.1%
		Other	19	11.7%
		Total	162	100%
<u>University/college</u>				
University/college	10	Public/private schools	0	
		University/college	1	20%
		Hospital	1	10%
		Private practice	3	30%
		Community clinic	1	10%
		Other	3	30%
		Total	10	100%
<u>Hospitals</u>				
Hospital	18	Public/private schools	6	33.3%
		University/college	4	22.2%
		Hospital	4	22.2%
		Private practice	1	5.6%
		Community clinic	1	5.6%
		Other	2	11.1%
		Total	18	100%

Table 22  
(continued)

Initial Sector of Practice	<u>n</u>	Final Sectors of Practice	<u>n</u>	Percentage
<u>Private practice</u>				
Private practice	17	Public/private schools	6	35.3%
		University/college	4	23.5%
		Hospital	2	11.8%
		Private practice	2	11.8%
		Community clinic	2	11.8%
		Other	1	5.8%
		Total	17	100%
<u>Community clinics</u>				
Community clinic	5	Public/private schools	1	20%
		University/college	0	
		Hospital	0	
		Private practice	0	
		Community clinic	4	80%
		Other	0	
		Total	5	100%
<u>Other</u>				
Other	4	Public/private schools	1	25%
		University/college	0	
		Hospital	2	50%
		Private practice	0	

Table 22  
(continued)

Initial Sector of Practice	<u>n</u>	Final Sectors of Practice	<u>n</u>	Percentage
<u>Other (continued)</u>				
		Community clinic	1	25%
		Other	0	
		Total	4	100%

There were three measures of job satisfaction obtained from the research questionnaire. The first measure was the numerical score given the likelihood of again selecting speech-language pathology as a career (question #8). A range of choices from 1 to 4 was provided for this variable, with 4 being "would definitely not choose" a career in speech-language pathology and 1 being "would definitely choose" a career in speech-language pathology. The scores of 2 and 3 were degrees between these two extremes. Therefore, the lower the score on this variable, the higher the level of satisfaction. This measure of satisfaction was calculated for the total sample and then compared on the basis of level of highest degree, time of graduation, and reported salary level to determine the presence of significant levels of difference.

A rating scale measuring degree of satisfaction with one's total career in speech-language pathology (question #11) provided the next measure of job satisfaction. The responses on this question ranged from 1 which equalled "totally dissatisfied" to 6 which indicated

"total satisfaction." For this question it was determined that the higher the score given, the greater the reported level of satisfaction.

The final measure of job satisfaction was provided by question #12 which enumerated the job elements identified by Herzberg (1966) as likely to cause satisfaction or dissatisfaction with a work experience. In an attempt to consolidate Herzberg's list and facilitate the analysis of the data, those job elements defined by Herzberg as likely to cause job satisfaction were grouped to yield a composite mean score and those defined as likely to cause job dissatisfaction were grouped in the same manner. The job elements included in the composite job satisfaction or "motivator" score were the work itself, your feeling of achievement, your opportunity for advancement, your level of responsibility, and your possibility of professional growth (items #12g to 12m). The job elements included in the composite job dissatisfaction or hygiene score calculated were salary, relationships with coworkers, the adequacy of supervision, the working conditions, the policies of the organization, the status level achieved in the position and the job security (items #12a to 12f). It was determined that if the motivator score given was significantly higher than the hygiene score, the respondent was expressing greater satisfaction with the content portion of his job than with the context within which the work occurred. Conversely, if the level of the hygienes was significantly higher than the motivators the respondent was expressing greater satisfaction with the context within which his work occurred and a lesser degree of satisfaction toward the actual content of the work itself. If there

were no significant differences between the two scores, the respondent was perceived to view neither of these areas predominantly in evaluating job satisfaction or dissatisfaction.

The comparisons of the composite motivator scores and the composite hygiene scores were made within each sector of practice. The influence of degree level, the time when the degree was received, and the influence of varying salary levels were also measured within each of the sectors of practice. The composite motivator and hygiene scores were also compared for those who had never left the field of speech-language pathology and for those who had left the field. Measurement of the influence of each of these factors was handled within the sectors of practice since many of the respondents rated more than one sector of practice.

The next method of analyzing the data was to compare the degree of difference in the responses given the composite motivator and hygiene scores based on those indicating satisfaction (scores of 1 or 2) or dissatisfaction (scores of 3 or 4) on the likelihood of again choosing speech-language pathology as a career. This same comparison was made for the scores given the satisfaction level for the total career in speech-language pathology. For this variable, satisfaction was defined as scores of 4, 5, or 6 and dissatisfaction as scores of 1, 2, or 3.

Finally, the job elements which received the highest and the lowest mean ratings were identified for each of the sectors of practice. This was done to identify the job elements rated as most and least positive for each of the groups of respondents based upon the five sectors of practice.

The order of the presentation of the data relative to job satisfaction and job dissatisfaction was as follows: First the overall ratings given the general satisfaction questions were discussed. Second, the respective motivator and hygiene composite scores were compared. Then, the likelihood of selecting a career in speech-language pathology and the level of overall career satisfaction were compared with the ratings given the motivator and hygiene composite scores. Finally, the highest and lowest mean ratings calculated from the job elements were identified for each sector of practice.

Table 23 provides the breakdown of responses into each of the four possible alternatives provided in question #8. The mean for this distribution was determined to be 2.3, indicating a fairly positive feeling regarding the likelihood of again entering the field of speech-language pathology.

Table 23  
Reported Likelihood of Again Selecting Speech-Language  
Pathology as a Career

Level of Reported Likelihood	<u>n</u>	Percentage
Definitely would	39	17.5%
Probably would	98	43.9%
Probably would not	58	26%
Definitely would not	18	8.1%
Missing data	10	4.5%
Total	223	100%

Mean score = 2.28



In Table 24 the influence of level of highest degree, time of graduation, and reported salary level are presented with respect to the likelihood of again selecting speech-language pathology as a career. The influence of these variables was calculated by the use of chi-square statistics. As can be observed from the table, there was a significant relationship for the variables, level of the highest degree and reported salary level. There was no significant association in the response patterns for this question on the basis of time of graduation.

Table 24  
Likelihood of Selecting Speech-Language Pathology Based Upon Degree Level, Time of Graduation, and Reported Salary Level

Influences on Likelihood of Again Selecting Speech-Language Pathology as a Career	Chi-Square Value	df
Time of graduation	6.8	8
Level of highest degree	36.54*	12
Reported salary level	196.65*	20

\* $p < .05$

The level of overall satisfaction as measured by question #11 was presented in Table 25. The distribution of responses given for this variable is specified in this table. The mean value for this measure of job satisfaction was 4.4. This indicated an above average level of satisfaction for the respondents. Consideration of the distribution listed below substantiated the observation of greater than average satisfaction.

Table 25  
Distribution by Responses Given for Overall Satisfaction With  
the Field of Speech-Language Pathology

Level of Reported Satisfaction	<u>n</u>	Percentage
1 (Totally dissatisfied)	6	2.7%
2	10	4.5%
3	27	12.1%
4	42	18.8%
5	80	35.9%
6 (Totally satisfied)	33	14.8%
Missing data	25	11.2%
Total	223	100%

Overall Mean score = 4.4

The level of influence which the time of graduation, the level of the highest degree, and the salary level had upon overall career satisfaction is shown in Table 26. For this variable, all these factors proved to be related, indicating that all of these factors have a significant impact in the pattern of responses to the question of overall satisfaction with the field of speech-language pathology.

Table 26  
Level of Overall Career Satisfaction as Influenced by Level of  
Highest Degree, Time of Graduation, and Reported Salary Level

Influences on Career Satisfaction Level	Chi-Square Values	df
Time of graduation	26.47*	10
Level of highest degree	29.49*	15
Reported salary level	42.91*	25

\*p < .05

As indicated earlier, the comparison of the composite motivator score and the composite hygiene score was always made within the same sector of practice. There were two methods of analysis utilized for these comparisons: t-tests and analyses of variance. The method of comparison was such that the presence of a negative difference between the hygiene and motivator values indicated that the composite motivator value was rated higher than the composite hygiene value. This negative value was also present in the t-test value reported. When the difference between the two composite scores was positive, the values given the hygiene items were higher than those given the motivator items. When this was the case, the reported t-test value would also be positive. Table 27 shows the values calculated for the comparisons of the motivator composite score with the hygiene composite score for each sector of practice. As can be observed from Table 27, all sectors of practice, except the public/private school sector, demonstrate negative t-test values indicating a higher motivator score than hygiene score. However, only in the cases of the university/college and the hospital sectors was this difference significant.

Table 27  
Level of Difference Between the Composite Motivator Score and  
the Composite Hygiene Score on the Basis of Sector of Practice

Sector of Practice	<u>t</u> -values	df
Public/private school	.50	168
University/college	-4.22*	42
Hospital	-1.96*	38
Private practice	-1.32	20
Community clinic	-1.61	45

\*p < .05

The first variable upon which the motivator and hygiene composite scores were compared was the time of graduation (see Table 28). The t-tests performed to complete this level of analysis indicated that the only sector of practice where this variable appeared to have a significant impact was university/college. In most cases, the motivator score was higher than the hygiene score.

Table 28  
Comparison of the Composite Motivator and Hygiene Scores Based  
Upon the Three Time Periods of Graduation

Graduation Times	Sector of Practice	<u>t</u> -value	df
Before 1960	Public/private school	-1.20	58
	University/college	-3.02*	22
	Hospital	-1.71	20
	Private practice	.32	3
	Community clinic	-0.54	13
1960-1969	Public/private school	0.89	96
	University/college	-1.68	9
	Hospital	-0.80	12
	Private practice	-0.18	10
	Community clinic	-1.09	12
After 1970	Public/private school	1.13	52
	University/college	-2.37*	9
	Hospital	-0.74	4
	Private practice	-2.99*	5
	Community clinic	-1.10	18

\*p < .05

The data were then subjected to an analysis of variance procedure to determine if there were any significant differences in the ratings given each motivator or hygiene composite score based on time of graduation. There were no significant differences found for any of these

analyses. This indicated that while the respondents rated some of the motivator and hygiene variables differently in comparison to one another, there was no difference in the ratings given any specific composite score on the basis of time of graduation.

The motivator and hygiene composite scores were then compared on the basis of the highest degree levels in speech-language pathology (see Table 29). Again, in all but a few cases, the motivator variables were rated higher than the hygiene variables. In this table only public/private schools showed a pattern of hygienes exceeding motivators.

Table 29  
Comparison of Composite Motivator and Hygiene Scores on the Basis  
of Highest Degree Received in Speech-Language Pathology

Degree Level	Sector of Practice	<u>t</u> -value	df
Bachelor's	Public/private school	1.57	44
	University/college	-0.44	1
	Hospital	-3.98*	2
	Private practice**		
	Community clinic	-0.34	2
Master's	Public/private school	0.14	110
	University/college	-3.46*	27
	Hospital	-1.23	27
	Private practice	-1.36	17
	Community clinic	-1.64	38
Doctorate	Public/private school	-1.29	9
	University/college	-2.34*	12
	Hospital	-0.33	6
	Private practice**		
	Community clinic	-0.13	2

\* $p < .05$

\*\*Insufficient number of cases to perform t-test.

An analysis of variance was performed on the basis of degree level for each of the composite motivator and hygiene scores. There were no significant differences noted in this analysis. This suggested, again, that while there was a difference on the basis of degree level for some of the motivator and hygiene score comparisons, when each composite score was compared individually on the basis of degree level there was no significant difference. This suggested that despite the level of highest degree the respondents rated each of these composite scores similarly.

The five reported salary ranges were utilized as the next measures of comparison (see Table 30). The composite scores were compared for each salary level. The composite motivator score was higher than the composite hygiene score for all but one comparison, that one being public/private schools at salary level 3 (\$20,000-\$29,999). The motivators were significantly higher than the hygienes for private practice and community clinics at \$10,000-\$19,999 and university/college at \$20,000-\$29,999 and above \$40,000.

An analysis of variance was then performed on the basis of the salary variable. Each of the composite motivator scores and hygiene scores were compared with an analysis of variance procedure for the five salary levels. There were no significant differences detected on the basis on this analysis, indicating that there were no significant rating differences for any of the composite scores based upon salary level. There was a differential rating of the motivator and hygiene scores as compared to one another on the basis of salary, but there was a similar pattern of rating for each individual motivator and/or hygiene score despite differing salary levels.

Table 30  
Comparisons of Composite Motivator and Hygiene Scores for the Five  
Sectors of Practice Based Upon Salary Level

Salary Level	Sector of Practice	t-value	df
Below \$10,000	Public/private school	-0.86	18
	University/college	-1.96	2
	Hospital	-5.67	1
	Private practice	0.17	1
	Community clinic	-0.34	6
\$10,000-\$19,999	Public/private school	-0.40	50
	University/college	-1.60	5
	Hospital	-1.24	6
	Private practice	-2.68*	5
	Community clinic	-2.24*	9
\$20,000-\$29,999	Public/private school	1.54	54
	University/college	-3.13*	14
	Hospital	-0.91	16
	Private practice	-0.49	5
	Community clinic	-0.87	19
\$30,000-\$39,999	Public/private school	-0.22	16
	University/college	-0.80	8
	Hospital	-1.58	6
	Private practice	-0.58	1
	Community clinic	-1.00	2
Above \$40,000	Public/private school	-0.14	5
	University/college	-2.52*	6
	Hospital	-0.30	4
	Private practice	-1.22	1
	Community clinic	-9.6	1

\*p < .05

The last t-test performed upon the sets of composite scores compared speech-language pathologists who had or had not left the field. A difference was indicated between the two groups. The respondents who had not left the field of speech-language pathology rated the motivator variables higher than did those who had left. Table 31 presents these results which were calculated.

Table 31  
Comparison of Composite Motivator and Hygiene Scores on the Basis  
of Leaving the Field of Speech-Language Pathology

Career Patterns	Sector of Practice	<u>t</u> -values	df
Never left	Public/private school	-0.27	143
	University/college	-3.94*	38
	Hospital	-1.86	35
	Private practice	-1.32	20
	Community clinic	-1.46	43
Left	Public/private school	1.99*	23
	University/college	-1.34	3
	Hospital	-0.60	2
	Private practice		
	Community clinic	-0.69	1

\*p < .05

\*\*Insufficient number of cases to perform t-test.

The ratings given the composite motivator and hygiene scores by those who did and did not leave the field of speech-language pathology were then compared with 10 t-tests. Two of these t-tests proved to be significant, which indicated that those who left and those who did not leave the field rated the items for these specific hygiene and motivator composite scores differently. The two significant t-tests were the composite score for hygienes related to the hospital sector of practice and the composite score for the motivators for the private practice



sector. The results for these two significant t-tests are given in Table 32. All other t-tests were nonsignificant.

Table 32  
Comparison of Motivator and Hygiene Composite Score Rating  
for Those Leaving and Not Leaving the Field

Type of Composite Score	Sector of Practice	<u>t</u> -value	df
Motivator	Private practice	4.68*	1
Hygiene	Hospital	3.89*	1

\*p < .05

The composite motivator and hygiene scores were then compared with the other job satisfaction measures. The first analyses involved the likelihood of again selecting speech-language pathology as a career. As indicated earlier, scores of 1 or 2 on this question were interpreted as indicating satisfaction with this professional field and scores of 3 or 4 were interpreted to indicate dissatisfaction. The analyses were based upon which of these levels of satisfaction the respondent had indicated on this variable. Table 33 provides the results of these analyses. As can be observed from this table, all the motivator composite scores were rated higher by those indicating they would be likely to again select speech-language pathology as a career. The ratings for those indicating they would be unlikely to again select speech-language pathology exhibited a different pattern. This is the only case where a significant degree of difference was observed where the hygiene variable was rated higher than the motivator variable. This

would indicate that the context within which the job was done was viewed more positively than the content of the job itself.

Table 33  
Comparison of Composite Motivator and Hygiene Scores on the Basis  
of Reported Likelihood of Again Selecting Speech-Language  
Pathology as a Career

Level of Likelihood	Sector of Practice	t-values	df
Definitely or probably would	Public/private school	-0.82	112
	University/college	-3.82*	25
	Hospital	-2.05*	24
	Private practice	-1.61	10
	Community clinic	-1.30	29
Definitely or probably would not	Public/private school	2.66*	49
	University/college	-2.74*	14
	Hospital	-0.65	11
	Private practice	-0.03	8
	Community clinic	-1.38	12

\* $p < .05$

The comparison of the composite scores was then made on the basis of the overall level of satisfaction (question #11). The six possible responses to this question were divided into two groups, those expressing overall satisfaction (4-6) and those expressing overall dissatisfaction (1-3). Table 34 provides the results of this analysis. From this table, it can be observed that those rating some degree of overall satisfaction also rated the motivator variables significantly higher in three out of five cases. For those expressing some degree of dissatisfaction with their overall career, no motivator scores were significantly higher than the respective hygiene score. In fact, the only  $t$ -test which

was significant was public/private schools, where the hygiene composite score was higher than the motivator composite score.

Table 34  
Comparison of the Composite Motivator and Hygiene Scores on  
the Basis of Degree of Overall Career Satisfaction

Level of Satisfaction	Sector of Practice	t-value	df
Satisfied	Public/private school	-0.67	125
	University/college	-4.18*	32
	Hospital	-1.77	24
	Private practice	-3.00*	14
	Community clinic	-2.39*	33
Dissatisfied	Public/private school	1.96*	32
	University/college	-1.86	6
	Hospital	-0.39	10
	Private practice	1.25	4
	Community clinic	0.94	8

\*p < .05

The job elements, which received the highest and lowest mean rating for each sector of practice, were identified. These job elements are listed in Table 35 in their respective sectors of practice. As can be observed from the table, the job element, "the work itself" (a motivator variable), received the highest mean rating for two sectors of practice. "Level of responsibility" (also a motivator) received the mean highest rating for one sector of practice. The other two sectors of practice, however, exhibited the highest mean rating for a hygiene variable, "relationships with coworkers." The job element receiving the lowest mean rating for all but one sector of practice was "your salary" (a hygiene variable). In the public/private school

sector, the lowest mean rating was observed for the job element "opportunity for advancement," which is a motivator variable.

Table 35  
Highest and Lowest Mean Ratings for Job Elements for  
Each Sector of Practice

Sector of Practice	Highest Mean Rating	Lowest Mean Rating
Public/private school	Relationships with coworkers	Opportunity for advancement
University/college	Work itself	Salary
Hospital	Work itself	Salary
Private practice	Level of responsibility	Salary
Community clinic	Relationships with coworkers	Salary

## CHAPTER IV DISCUSSION

The purpose of this investigation was to study the career patterns and job satisfaction levels in the professional field of speech-language pathology. There has been a paucity of research into these two areas. This suggested to the investigator that obtaining objective information about the existent career patterns of speech-language pathologists was appropriate. A research questionnaire was developed to determine career patterns and job satisfaction levels. The career patterns were determined on the basis of number of positions held, amount and pattern of movement among five main sectors of practice (public/private schools, university/college, hospitals, private practice, and community clinics), and number of practitioners who had left the field. The level of satisfaction was measured by three criteria: reported likelihood of again selecting speech-language pathology as a career, overall satisfaction with one's total career, and specific ratings given to 13 job elements developed by Herzberg (1966) in his two-factor theory. This questionnaire was mailed to 532 graduates from accredited speech-language pathology programs which had graduate programs by the year 1950.

The number of responses received in this study indicated to the investigator that there was a significant degree of interest in this area. Despite the length of the research questionnaire, 223 individuals

were willing to spend the necessary time to complete the instrument. This was of special interest since many of those who responded had received their degrees over 30 years ago and some were no longer practicing speech-language pathologists. The response rate substantiated the beliefs of the investigator that this was an area of concern to many professionals in this field.

The data were collected and analyzed using a variety of statistical procedures (means, frequencies, t-tests, and ANOVAs). The review of related literature as well as the ideas and experiences of the researcher provided some hypotheses which offered direction to the data relative to research questions three, four, and five which were analyzed.

Since five major questions gave direction to the study and the data were presented in relation to each of these five major questions the following discussion is organized under five headings which relate to each of the five major questions.

### Demographic Characteristics

#### Sex Distribution

The characteristics of the respondents revealed some interesting and significant patterns, in that the sex ratio of the respondents, 86% female/14% male, was within 1% of the national sex ratio as determined by the ASHA national office (85% female/15% male, as of 12/31/83 (Punch, Note 2). This study further substantiated the previously observed pattern of female predominance in the field. While the ASHA figures have been available on a yearly basis, this study provided additionally the sex distribution information for those who were practicing speech-language

pathologists but who were not members of the professional organization. The closeness of the two sex ratio distributions provided an additional degree of evidence about the representativeness of this sample as compared to the professional field at large.

The predominance of females in the field of speech-language pathology has implications which may have influenced other factors considered in this study. The prevalence of career breaks which occur in the professional careers of many females may have served to prevent the increases in salary and status which the profession of speech-language pathology has always been seeking. This was particularly likely to occur during the time periods when many of these respondents were working, given the fact that it is only recently that sex discrimination has been addressed in the professional world. Roe (1956) stated that generally the pattern of career movement for most professionals is toward jobs which hold more challenge and higher level of decision making. The prevalence of frequent career interruptions made the attainment of such jobs more difficult, especially in times previous to now. If the attainment of more challenging positions was not available to many of these professionals there was likely to have been less overall satisfaction. Hence, the failure to experience increases in status and salary may have impacted upon the satisfaction level the respondents expressed as implied by Herzberg's two-factor theory.

#### Marital Status

Of the 223 respondents, 68.8% were married. Since a high percentage of the sample were female, it may be assumed that many of these individuals were married. This too could support the previous observations

regarding the impact of females in this professional field. Employers frequently perceive married women as likely to have noncontiguous careers, leading to frequent changes in personnel and hence a less stable staff. This belief was substantiated by the patterns of career breaks listed in Table 16. For example, of the 223 respondents, "child-bearing and rearing" 100 times was listed as the reason for a "break" in their professional career.

#### Number of Employment Settings

As a review of Table 2 shows, there were a number of job changes observed among the respondents. Perhaps these job changes could be explained in terms of the following interpretations. It could be observed that the ability to change jobs within a given profession is a strength for that professional field, allowing variety and growth for those in the profession while they continue to utilize their previous training and professional experiences. However, it could also be suggested that the number of changes made by some respondents was so high that they were likely to have caused a lack of stability in the work locations they moved to and from. The range of jobs reported by the respondents was extensive. There were those respondents who chose to remain in a single job for the entirety of their careers, sometimes a period of time as long as 43 years. Others in the sample were observed to change jobs as frequently as every 2-3 years. It may be that the characteristics of some of the sectors of practice were such that benefits such as retirement and other security factors were not available. As a consequence, individuals may have been electing to change jobs more frequently in search of such benefits. However, the amount of movement may adversely



affect the attainment of these benefits as well as other more intrinsic elements necessary for attaining satisfaction with one's career as theorized by Herzberg (1966).

### Times of Graduation

The patterns relative to the times of graduation and the fields in which the degrees were received merits some discussion (see Table 3). As has been repeatedly noted a decision was made to draw the sample of graduates from three time periods: 1950-52, 1960-62, and 1970-72. The reason for this was to provide some perspective from a longitudinal basis. As one reviews the other results contained herein, one will note no major differences on the basis of time of graduation. This adds some credibility to the observation that the trends evident in this study are trends which have been occurring for an extended time period. The comparisons permitted due to the varying times of graduations represented were very beneficial to the analyses. Those receiving their bachelor's degree during the period of time prior to 1960 were likely to be experiencing the peak of their professional careers, those graduating between 1960-1969 were likely to be stabilized, but still moving forward in their careers, and those receiving bachelor's degrees in 1970 and after were really in the emerging stage in their careers. Haldane (1974) theorized that workers at these various points in their careers were likely to be coping with their work situations by differing methods. The availability of individuals from all these career points allowed comparisons on the basis of these various points in their careers. This further permitted the investigator to determine if this group of speech-language pathologists

was responding differentially to various aspects of their professional lives on the basis of their experience levels.

#### Number and Levels of Degrees

Of the 223 respondents, there were 135 individuals (see Table 4) who held all their degrees in the field of speech-language pathology. Eighty-eight individuals held at least one degree outside this field. The number of those who began in speech-language pathology and then received their master's degree in another field (30) may be a result of the times during which some of these earlier degrees were received. It may be that the actual program of choice was not available and these individuals selected the program closest to the academic program they truly desired. Those selecting the field of speech-language pathology after receiving a bachelor's degree in another field (38) does allow the interpretation that these individuals were desirous of entering the field of speech-language pathology.

The comparison of doctoral degrees which were received by all those who responded as compared with doctoral degrees received in the field of speech-language pathology was of interest. While 81% (182/223) of the bachelor's degrees and 82% (158/191) of the master's degrees were in the field of speech-language pathology, only 57% of the doctoral degrees were in this professional field (see Table 5). The reason for this pattern is not clear from the data. Some speculations as to the reason for this pattern could be considered, however. The first reason could have been availability of doctoral programs in speech-language pathology at the time this higher education was sought. The point in the careers of the respondents that the doctorates were received may have had an influence as well.

It may have been that the doctoral degree was an opportune time for a change in educational direction for those who may have become disenchanted with the profession of speech-language pathology.

The highest degree earned in the field of speech-language pathology was identified in Table 6. As can be seen, 65.9% of the sample reported the master's degrees as their highest speech-language pathology degree. There were 26% of the respondents who held bachelor's degrees as their highest speech-language pathology degrees but only 7.2% held a doctorate in speech-language pathology. These figures were consistent with the professional entry requirements for speech-language pathologists, since after 1969 master's degrees were highly encouraged as an entry into the profession. Doctoral degrees, however, were not necessary in most of the sectors of practice where these speech-language pathologists chose to work.

#### Certification and Professional Membership Characteristics

A finding of special interest was the percentage of those in the sample with the Certificate of Clinical Competence in speech-language pathology (CCC-SP) (54%) or audiology (CCC-A) (6%) and those who were members of the national professional organization, American Speech-Language and Hearing Association (ASHA) (51%), as reported in Table 7. These figures were surprisingly low. This may have been due to the number of individuals in the sample who elected to remain in the public/private school sector throughout their professional lives or who never received degrees beyond the bachelor's level in speech-language pathology. Further, it can be speculated that those who had left the field of speech-language pathology would no longer choose to retain their certification or ASHA membership. The low figure then may have represented

a combination of those failing to go beyond the bachelor's level in speech-language pathology, those changing careers, and those who chose to spend their professional lives in a setting which did not require either certification or ASHA membership.

There are significant implications which may be considered from these findings for both the profession and the public. Those not certified have not met the basic requirements established for clinical competence by the national speech-language pathology professional organization. This has serious implications for the services being delivered. The fact that public/private schools have always been the sector of practice where speech-language pathologists may practice without ASHA certification increases the seriousness. Of those in this sample, 73% of the respondents began their professional careers in the public/private school sector and 64% were employed in this sector of practice at the end of their careers (see Table 22). These individuals are the professionals with the greatest amount of direct patient contact, given the caseload requirements which exist in most states. The presence of lower requirements for professional practice for these speech-language pathologists may negatively affect the delivery of services received in the schools. This conclusion could be further substantiated by the degree of professional isolation which non-membership and/or non-certification suggested. Those who are not ASHA members generally do not have the regular input of the professional journals to remain abreast of the current state of knowledge in this field. Further, in many of their work situations they are the only speech-language pathologists, indicating an even greater need for professional involvement and currency.

### Salary Levels

The final demographic information discussed was the salary ranges the respondents reported. Table 8 provided the distribution reported by those who elected to respond to this question (197). The distribution was perceived to be somewhat lower than was expected (mode salary range \$20,000-\$29,999). There are several reasons for this observation however. Those reporting salary ranges were in some cases working part-time, which would have caused a reduced salary level. Some of the respondents had retired, and therefore reported a salary level from some years ago, which would also serve to lower the range. Finally, the high prevalence of public/private school speech-language pathologists, who in all likelihood were in the lower salary ranges, served to further lower the reported salary ranges.

### Career Patterns

As was mentioned in Chapter I, information about the career patterns of a number of individuals within any professional field provides insight into that field. In the present investigation, numerous aspects regarding the career patterns of speech-language pathologists were considered. The overall length of service to the profession of speech-language pathology was ascertained. Next, the length of service which was reported for the various sectors of practice was calculated. Other patterns of interest included number of respondents who worked in two jobs simultaneously at any point in their careers, number of individuals who worked in only one sector of practice as compared with those who worked in more than one, and the number of "breaks" which occurred in their careers. The reasons for these breaks as reported by the respondents were tabulated and the patterns which emerged were then analyzed.

### Longevity of Service to the Total Field of Speech-Language Pathology

The overall length of service to the profession of speech-language pathology as outlined in Table 9 indicated a wide range of career patterns relative to the total career experience. Respondents reported their total career length by selecting from a list of possible time spans. The mode range was reported to be 11 to 15 years. It was observed that 68% of those in the sample reported careers of 15 years or less. This reported career length may have been somewhat lower than expected due to the respondents who graduated in the late 1960s and early 1970s. However, this finding may also be connected to the number of individuals who chose to terminate their professional careers in order to assume full-time responsibilities at home. The high percentage of females discussed earlier might support this conclusion.

### Longevity of Service to Each Sector of Practice

The various amounts of time spent in each of the five main sectors of practice were reported in Table 10. Public/private schools was the sector of practice which exhibited the highest mean length of service, 10.9 years. The other sectors of practice exhibited shorter lengths of service: college/university, 8.8 years; private practice, 6.7 years; hospitals, 5.9 years; and community clinics, 3.5 years. These figures do not support the popularly perceived notion that public/private schools is the least desirable sector of practice. The significant number of individuals electing to remain in that sector of

practice for such long time periods indicates that it is the work location many people in this field select for much of their professional careers. This may indicate a situation as described by Miller and Potter (1982) of professionals remaining in this profession despite high degrees of dissatisfaction. This will be addressed in a later discussion on job satisfaction.

#### General Observations About the Career Patterns of Speech-Language Pathologists

Several general findings about the career patterns of those in this field merit additional discussion. Table 11 provided the distribution of those individuals who held more than one job during their professional careers as compared with those holding only one job their entire professional life. There were 24 individuals, 10.8% who reported holding only one position in their professional lives. In contrast, 197 or 88.3% indicated two or more jobs during their professional careers. This finding again substantiated the earlier observations about the mobility in this professional field. This may have been a factor which served to reduce the number of individuals who became dissatisfied within a given job or left the field.

The number of individuals who reported movement at least one time among the five sectors of practice was 121 (54.3%). There were 99 individuals (44.4%) who reported careers in only one sector of practice (see Table 12). The amount of movement available may be one of the greatest strengths of this professional field. It may be the area most likely to prevent the "burn-out" addressed by many in the profession (Goldman & Levy, 1982; Miller & Potter, 1982; Wilbur, 1982). The

ability to obtain positions characterized by greater degrees of challenge or diversity would allow the attainment of success in one's professional life as discussed by Roe (1956).

The number of individuals who held two jobs simultaneously at one or more points in their professional careers was shown in Table 13. It was theorized that the 58 individuals (26.4%), who engaged in this simultaneous work experience, did so out of some form of need. That need may have been financial, which would likely cause dissatisfaction with the profession at large or some specific sector of practice. The need may have been more intrinsic in nature, as might have been the case when an individual had a high degree of job security and benefits but was not deriving any significant degrees of internal satisfaction with the work he was doing. In each of these situations the individuals would have experienced a reduced degree of satisfaction with the primary job at that time, irrespective of whether there was a failure to meet their financial or other basic survival needs or the failure to satisfy their intrinsic needs for a satisfying work experience. The finding that over a quarter of those responding engaged in simultaneous work experience suggested that this factor may negatively impact upon the profession at large.

There were only seven individuals (3.1%) who completed one or more degrees in speech-language pathology who never chose to work in this professional field (see Table 14). There were several possible interpretations for this finding. The first suggested that those who elected to obtain a degree in the field of speech-language pathology were serious about the pursuit of this professional field, since over 96% of those who held a degree in this field spent some portion of time working within the field. This high percentage may be a result of the practicum



experiences which were obtained during the training period, which afforded exposure to the actual professional experiences of speech-language pathologists. It may further be the result of the screening and counseling procedures which occurred for those who decided to enter this professional field. Finally, it may have been that the investment in both time and effort which was required to obtain training in this field created a great desire to use the acquired knowledge. Conversely, it may have been that those who received training of this specific level may have been unprepared for professional work in any other field. Hence such individuals would be left with few options but to work in this profession or to obtain a degree in another field, an option requiring considerable effort and expense.

The prevalence of reported career breaks shown in Table 15 was considered to be fairly high. Over half (52.9%) of those in the sample reported a break at least once in their professional careers, which correlated highly with the number of females in this study. The reasons listed for these breaks, found in Table 16, indicated that the most frequently selected reason was "child-bearing and rearing." Other reasons of a similar nature, "needed at home by family" and "change in spouse's career," while not exclusively restricted to females, are more likely to occur in the careers of females than males. These observations supported the suggestions made earlier about the impact the high percentage of females may have upon the profession as a whole.

Other factors which were selected frequently included "employed in another occupation" and "further education." The opportunity to move to another occupation was chosen 65 times. These were the individuals who opted to enter another occupation for a time, but who later

returned to the field of speech-language pathology. This suggested that there was some degree of movement possible outside of the field despite the specific training obtained in speech-language pathology. The choice of "further education" (selected 53 times) was most often observed for those individuals who had worked for a period of time after obtaining their bachelor's degree and then returned to complete their master's degree. The ability to work for a time prior to completing an advanced degree was believed to be advantageous for many individuals. However, this option is much less available in the field of speech-language pathology today due to the expansion of the speech-language pathology certification requirements.

#### Number and Type of Breaks in Careers

The breakdown of when and in which sectors of practice the breaks occurred was found in Table 17. As can be observed from this table, the sector of practice exhibiting the highest number of breaks was public/private schools. The number of breaks was not interpreted as percentages since many individuals elected to take more than one break during their professional careers. It can be observed, however, that the greatest concentration of breaks occurred after the first position in the public/private schools. This suggested that these individuals desired to enter this sector of practice because it was more conducive to the combining of personal and professional desires. It may have been that for some individuals in this profession, the flexibility of work schedules and ability to interrupt one's career were of primary importance. For these individuals, it may have been that their career aspirations were not

primary in their lives and hence for them the choice of public/private schools was seen as adequate to fulfill their personal goals. Undoubtedly there were also individuals who selected public/private schools because it provided professional as well as personal goal attainment.

### Leaving the Field of Speech-Language Pathology

The number of individuals who elected to leave the field of speech-language pathology was calculated by counting those respondents who entered another professional field and had not returned to speech-language pathology at the time the data were collected. Those individuals who left the field and later returned and those individuals who held a job in speech-language pathology prior to retirement were not considered to be in this group. Those considered to have left the field of speech-language pathology were the individuals who made a career move to another occupational field. As reported in Table 18, there were 38 individuals (17%) who left the profession of speech-language pathology under these conditions.

Chi-square analyses were performed based upon a number of factors hypothesized to have a relationship to one's decision to leave the field of speech-language pathology. These factors included time of graduation, sector of initial employment, level of highest degree, primary job role within initial position, and reported salary level. As can be observed in Table 19, only level of highest degree and primary job role within initial sector of practice were significantly associated with one's decision to leave this profession. Given the observations stated by many previous researchers relative to this question both the

significant and non-significant results are of interest. The following discussion elaborates upon these points.

The results relative to time of graduation were considered to be similar to the various periods in one's career discussed by Haldane (1974). Haldane felt that there would be a differential impact upon one's career choices on the basis of when, in their career, these choices were presented. There was no significant degree of association for leaving the profession and the time of graduation for this group of 223 respondents. Therefore, for this group, leaving the profession was not selected differentially on the basis of different career periods.

In like manner, sector of initial employment was not significantly associated with leaving the profession. This was interpreted to indicate that the respondents were not limited to their first professional experiences to determine their satisfaction with this profession. As mentioned earlier, the availability of numerous job locations and varying sectors of practice many have permitted one to change job situations, but would not have necessitated totally leaving the profession.

Marital status was not significantly associated with the decision to leave the field of speech-language pathology. This indicated that there were individuals in all marital categories who elected to leave the profession with similar degrees of frequency.

Reported salary level was a factor not found to be significantly associated with leaving the field. This finding was surprising given the emphasis this factor has received in many articles (Goldman & Levy, 1982; Miller & Potter, 1982). These researchers, as well as many others in the field, have felt that salary level was the factor with the greatest influence relative to leaving the field of speech-language

pathology. However, in this analysis, individuals from all of the reported salary ranges were leaving the profession with similar levels of frequency. The data presented allowed no confident interpretation of why individuals at varying salary levels chose to leave the profession. However, it may have been that those at the lower salary levels left due to dissatisfaction with their salary and those at the upper salary ranges may have left because of awareness of opportunities for even greater degrees of intrinsic satisfaction in other professional fields. Since the results of the present investigation are in contrast with previous opinion, further investigation is warranted.

The level of highest degree was determined to be significantly associated with those who decided to leave the field ( $p < .05$ ). Considering the distribution of the data in the chi-square analysis, it was seen that the highest percentage of those leaving were from the bachelor's degree level (24/60). This was 40% of those reporting bachelor's degrees as their highest degree level in speech-language pathology. This can be compared with 9% of the master's level respondents who left and 6% of the doctoral level respondents who chose to leave. Some observations could be made regarding these findings. It may have been that the restrictions in opportunities which occurred if an individual had attained only a bachelor's degree accounted for the change to other occupational fields. These speech-language pathologists would generally not be ASHA members, and resultantly could not have the professional involvement and input afforded ASHA members. They would not receive the journals or other professional information. It may have been that these individuals did not have the level of interest or commitment to the field of speech-language pathology that those obtaining higher degrees demonstrated and

therefore they were more ready to change occupations. Perhaps individuals attaining no more than a bachelor's degree in speech-language pathology lost less in a career shift than those with greater educational investments. Hence, those with a bachelor's degree were more likely to have made a marked professional change. This was again consistent with the research of Haldane (1974) who suggested that those in the higher occupational levels have accumulated such great degrees of status and security in their positions that they are more reluctant to leave, even if they are dissatisfied, than those with lower level positions.

The primary job role within the initial sector of practice also proved to be significantly associated ( $p < .05$ ) with the decision to leave speech-language pathology. This finding was somewhat surprising given the lack of association observed for the sector of initial employment. It may be that the actual practice of speech-language pathology may have been unpleasant to some individuals. The sector of practice would have a greater degree of relationship to the context within which the job was done, while the primary job role was more associated with the content of the work. This interpretation would be consistent with the research of Herzberg (1966). His contention was that true job satisfaction must come out of satisfaction with the actual work itself, not merely the context within which the work occurred. It could be theorized that those who were unsatisfied with the work (content) of a speech-language pathologist were more likely to want a career change. Those unsatisfied with the sector of practice (context) may have been able to achieve the satisfaction of their desires by remaining in speech-language pathology but choosing to practice in another sector.

## Movement Patterns Among the Sectors of Practice

### Movement Among Sectors of Practice

The ability to change work locations and sectors of practice has been discussed previously as a potential strength of speech-language pathology. In an attempt to verify the reality of this proposition, the amount of movement among the various sectors of practice was ascertained for the respondents. The first measure determined the number of moves among the sectors any respondent reported during their total career. The factors hypothesized as likely to have an impact upon this determination were evaluated by utilizing chi-square procedures (see Table 20). The pattern of movement from the first to the last job provided the second determination of job movement. The number of individuals who remained in their initial sectors or practice and those who moved to other sectors by the time of their last job were presented in Tables 21 and 22. Each of these determinations is discussed in the following sections.

### Number of Moves During the Total Career

Three factors were determined to have a significant degree of association with the number of moves individuals made during their total careers. These factors were as follows: sector of initial employment, level of highest degree, and primary job role within the initial sector of practice. Other factors which were not significantly associated were time of graduation, marital status, and salary level.

The relationship of time of graduation, which could also be viewed as "point in career," was not significantly associated to the number of career moves the respondents made. This may have been observed because time of graduation did not differentially affect one's career aspirations or levels of satisfaction as much as other factors. The time when one graduates places them at a specific point for entering the field; however, the level of training they received and their career goals may be similar to someone who received the same level of training 10 or 20 years later. For this reason, it was not surprising that this variable was not significantly associated.

Marital status was also a factor which was not significantly associated with the number of moves made in one's career. This indicated that individuals in all marital situations chose to move among the sectors of practice with similar degrees of frequency. This finding suggested that marital status would have a less direct influence upon career moves as compared with other factors.

Salary level was also a factor not significantly associated with the number of moves made in a total career. As previously stated, salary level has been believed to be a primary motivating force in all career decisions in the field of speech-language pathology by many in this field. The findings of this study were in conflict with this opinion. The data indicated individuals at all salary levels opted to make moves among the sectors of practice with similar degrees of frequency. It may be that once again there were different reasons for the number of moves made by those at various salary levels. Some individuals at higher salary levels may have made job moves which increased their responsibility levels, while those at lower salary levels may



have moved to increase the salaries they received. This information was not available from this study. Further investigation into the influence of salary upon this professional field is indicated.

The first factor observed to have a significant relationship to the number of career moves was sector of initial employment ( $p < .05$ ). The reason for this significant relationship may have been the difference between the expected and actual levels of satisfaction obtained from the initial sector of practice. It may have been that the selection of the initial job sector was made more on the basis of job availability than heartfelt desire. In this case, the individual may have accepted a position with foreknowledge of his intention to move. However, it may also have been that the initial sector of practice was felt to be the desired work location, but actual experience indicated another sector was more compatible with one's professional goals and desires. As demonstrated above, either of these situations could ultimately cause movement among the sectors of practice as opportunities arose.

The significant relationship observed between number of moves and highest degree level was expected. As in any profession the level of training is often obtained so that career movement will be possible. The initial jobs available may have been restricted due to the lack of experience one has when locating a first job. However, the level of training would have differentially enabled the respondents to advance to higher positions and/or change positions. Observation of the actual data supported this contention, those with master's and doctoral degrees made more career moves than did those with bachelor's degrees.

The final factor observed to have a significant relationship to the number of moves was primary job role within initial position. This may have had a significant relationship for reasons similar to those identified for sector of initial practice. Whether the choice of first job role was made out of lack of other available options or out of deliberate choice, once again the initial job satisfaction level may have precipitated a career move. Haldane's ideas (1974) support this observation. He theorized that those in the early career stages were more able and more likely to make changes to positions more compatible with their professional desires.

#### Pattern of Movement from Initial to Final Positions

The data relative to these movement patterns were presented in Tables 21 and 22. In Table 21 the total number of respondents was listed for each sector of practice by initial and final positions. In Table 22 a breakdown of the movement patterns on the basis of each sector of practice was provided.

The patterns of movement overall, as listed in Table 21, demonstrated that public/private schools, hospitals, and private practice showed a decline in the percentages employed. University/college, community clinics, and other (which may be any job location which would not fit in one of the five main categories) showed increases in percentage employed.

The finding that 19.6% of those initially employed in the public/private schools moved to other sectors of practice was expected. This is often the location most available for initial jobs and those whose

career desires truly lay in other sectors may have accepted an initial position in the public/private schools but desired to move as opportunity afforded. However, observation of the data contained in Table 22 indicated that public/private schools was the sector of practice which showed one of the highest percentages of retention (64.2%). A possible reason for this occurrence may have been the number of respondents who held a bachelor's degree (26%), who would not be able to move to another sector of practice in most cases. Also, the options of combining family and professional goals may have had an impact upon those electing to remain in this sector.

It was surprising to observe the decline in the percent employed in private practice and hospitals. Possible explanations for both these sectors may include the competitive nature of these sectors of practice, the high degree of pressure to secure patients, and the difficulty of securing payment for services provided. Observation of Table 22 indicated that the sector of practice which gained the greatest percentage of these individuals was the public/private schools (33.3% of those initially employed in hospitals and 35.3% of those initially in private practice). Other sectors of practice were selected with varying lower levels of frequency; 22.2% elected to remain in the hospital sector and only 11.8% chose to remain in private practice. Given the perceived professional desirability of these two sectors of practice, this finding was unexpected. It may have been, however, that these moves were made out of lack of other options rather than choice in some cases. Recalling the reasons given for various career breaks, it may have been that some individuals were unable to reenter the sector they truly desired after the break was completed. Public/private

schools may be the sector of practice which would be available with the greatest frequency in most any location, thereby accounting for the increase noted in the public/private school sector.

The sectors of practice which demonstrated increases in the percent employed were university/college, community clinics, and other. Although the reasons may be somewhat different for these increases, some commonalities can be presented. University/college gained 4.6% of the total number of respondents as indicated in Table 21. This occurrence was expected given the prestige and high level of desirability associated with a university or college position. It may have been then many of the individuals making this career move did so after receiving additional professional training. These may have been the speech-language pathologists who had planned from the inception of their career to obtain work in a university or college setting. The individuals choosing to enter the university/college sector of practice were in all likelihood those who had earned a doctorate in this field.

It was interesting to observe, however, that while this sector did show an overall increase, the number of those who had both initiated and ended their careers in this sector was quite low (20%). It may have been that the reason for this was the initial job role these individuals held in the university/college sector. Few individuals remain in school from bachelor's to doctorate, so those initially employed in this sector were likely to have had positions other than that of a professor. The positions may have been more of a clinic supervisor level which does not hold the degree of rewards, of either a security or status nature, that a professorial position would hold. Therefore, these individuals in these positions may be able to achieve greater levels of career satisfaction in other sectors.

The pattern of movement to the community clinic and the "other" sectors of practice may have been due primarily to the career moves of those who began their careers in the public/private schools. The number of individuals reported in Table 22 to have moved from the public/private schools to one of these two sectors was fairly high (over 11% each). These sectors of practice may have been perceived as more satisfying by these respondents, especially those holding a master's degree. For a speech-language pathologist with a master's degree, employment in a community clinic or "other" sector may have been viewed as more satisfying. The movement patterns of those who began in community clinics indicated a high degree of satisfaction with this sector, in that 80% chose to remain in this sector of practice. There were no respondents who remained within the "other" category.

#### Job Satisfaction and Dissatisfaction

The second major focus of this study was the measurement of the perceived levels of job satisfaction and dissatisfaction. This area was seen as very important in light of the concerns raised by numerous researchers in speech-language pathology. The degree of satisfaction and/or dissatisfaction was assessed on the basis of three measures: the reported likelihood of again selecting speech-language pathology as a career, the overall satisfaction with one's total career in speech-language pathology, and the specific ratings given 13 job elements identified as likely to cause job satisfaction and dissatisfaction as identified by Herzberg et al. (1959).

Reported Likelihood of Again Selecting Speech-Language Pathology as a Career

The reported likelihood of again selecting speech-language pathology as a career was first tabulated and then potential factors hypothesized as influences upon this variable were assessed utilizing a chi-square procedure. The possible scores (see Table 23) for this variable ranged from 1 (definitely would again select speech-language pathology) to 4 (definitely would not select speech-language pathology). The mean for the total group of respondents was 2.3, which indicated that as a whole this group would probably again select speech-language pathology as a career. The distribution of responses to the likelihood of again selecting speech-language pathology as a career were as follows: 39 individuals (17.5%) "definitely would," 98 individuals (43.9%) stated they "probably would," 58 individuals (26%) indicated they "probably would not," and 18 respondents (8.1%) selected "definitely would not." This distribution indicated that 76 individuals, still practicing speech-language pathology (34.1%), stated that they would be unlikely to again select speech-language pathology as a career were they to begin their professional lives again. This finding substantiated the concerns raised by Wilbur (1982) regarding the level of "burn-out" in the field and the findings of Miller and Potter (1982) who stated that 43% of the respondents in their study reported at least a moderate level of burn-out. The interpretation of this distribution as compared with the other measures of job satisfaction is discussed in a later section.

The factors determined to have a significant relationship to this measure of job satisfaction were level of highest degree and salary

level ( $p < .05$ ) (see Table 24). Time of graduation was not significantly related.

The data obtained in the chi-square analysis relative to level of degree indicated that those holding master's or doctoral degrees selected the more positive ratings for this variable more frequently and those holding bachelor's degrees more frequently selected the lower ratings. This observation further indicated that it was likely that those holding only a bachelor's degree would have a restricted range of professional opportunities, possibly leading to a lower overall level of satisfaction with this field.

Salary level, a factor not significantly associated with the career patterns previously discussed, was significantly associated with likelihood of selecting speech-language pathology again as a career. The chi-square analysis demonstrated that the individuals with salary ranges at the upper levels were the ones who responded negatively to this variable more often. This finding was in direct conflict with the opinions expressed earlier by Goldman and Levy (1982). These researchers stated that salary was one of the primary factors influencing job dissatisfaction. The present findings suggested that these individuals were expressing dissatisfaction for reasons other than salary.

#### Overall Satisfaction With the Field of Speech-Language Pathology

Overall satisfaction with the field of speech-language pathology was assessed by question #11. The respondents selected from a pre-determined range to indicate their level of satisfaction. A rating of

1 indicated "totally dissatisfied" and 6 indicated "totally satisfied"; all other choices fell between these two extremes. The overall mean score for this factor was 4.4, which was interpreted as a moderately positive view of the total career experience. Table 25 shows the distribution of scores for this measure of job satisfaction: 33 (14.8%) indicated a score of 6 (totally satisfied), 80 respondents (35.9%) selected 5, 52 (18.8%) selected 4, 27 respondents (12.1%) selected 3, 10 (4.5%) selected 2, and 6 respondents (2.7%) indicated a score of 1 (totally dissatisfied). All the factors investigated (time of graduation, level of highest degree, and reported salary level) were significantly associated ( $p < .05$ ) with this measure of job satisfaction (see Table 26).

When viewing the results relative to time of graduation, some patterns in the data emerged. It appeared that those graduating in the first time period, prior to 1960, gave the most ratings indicating satisfaction. The other two graduation periods were comparable in the ratings they gave this variable. The reasons for this pattern were not specifically stated. However, it may have been that the more limited career opportunities, especially for women in that period of time, may have increased their overall job satisfaction levels, as indicated by several respondents upon the completed questionnaires. It may also be that arriving at the "peak of their career" as most of these individuals would have, their perceptions were more positive as they were able to look back in a more complete fashion over their whole careers.

The impact of degree level, also significantly associated with overall satisfaction, exhibited similar response patterns. As in the case of likelihood of selecting speech-language pathology as a career,



those at the bachelor's degree level gave more low ratings than did those at the higher degree levels. Again, it could be suggested that the lower ratings for the bachelor's level people may have been a result of the restricted job opportunities available to them.

The patterns relative to salary level were less obvious from the data. There did appear to be more low ratings given for those in the middle salary ranges (\$10,000 to \$19,999 and \$20,000 to \$29,999). The reasons for these patterns were not clear. One possible explanation however may have been the type of job these individuals performed. These speech-language pathologists would have likely had jobs where they did not feel their pay adequately remunerated their efforts, or they may have held more "routine" positions.

#### Patterns of Job Satisfaction and Dissatisfaction Relative to Herzberg's Two-Factor Theory

The final measure of job satisfaction was made on the basis of 13 job elements identified in Fredrick Herzberg's two-factor theory of job satisfaction. In this theory he postulated that job satisfaction and dissatisfaction were caused by two different sets of factors. Job satisfaction was theorized to be caused when an individual experienced adequate levels of such "intrinsic" factors as advancement, achievement, recognition, the work itself, responsibility, and the possibility of growth (Herzberg, 1966). These factors, he felt, were highly associated with the actual content of the person's job. He labeled these intrinsic, content-related factors as "motivators." Conversely, the job elements theorized to cause dissatisfaction were those associated with the context within which the job occurred. These factors included

salary, working conditions, supervision, interpersonal relations, company policy and administration, status, personal life, and job security (Herzberg, 1966). These factors were labeled as "hygienes" since he felt they would never be able to provide real job satisfaction, but would have the capacity to prevent job dissatisfaction if available in adequate degrees.

For this research, Herzberg's theory was applied in the following manner. Thirteen of Herzberg's original job elements were listed in a questionnaire format. The respondents were instructed to rate each of these elements on a 1 to 6 scale (1 being negative and 6 being positive), for all sectors of practice where they had worked. The ratings given these job elements were utilized in two ways. First, the motivator job elements were combined to yield a composite score as were the hygiene job elements. These composite scores were compared by t-tests and analyses of variance procedures on the basis of a number of factors to determine the influence of those factors. Finally, the job elements receiving the highest and lowest mean rating for each sector of practice were identified.

While Herzberg utilized the critical-incident interview method to formulate his theory, there have been many replications of his theory using a questionnaire format (Brockman, 1971; Darrow, 1971; Hammer, 1970; Iannone, 1969). In this study scores of 1 to 3 on these job elements were interpreted to indicate dissatisfaction with that job element and scores of 4 to 6 were interpreted to indicate satisfaction. The motivator and hygiene composite scores were compared for all analyses with the interpretation that if the motivator composite score was higher than the hygiene composite score the respondent was attributing a greater degree of their job satisfaction to the motivator variables. If the

hygiene composite score was higher, this group of job elements was interpreted to have made a greater contribution to the satisfaction level. The predominance of motivator versus hygiene scores is critical to this theory, since Herzberg believed that only the motivator job elements could provide true satisfaction with a job. Therefore, according to Herzberg's theory, if the hygiene composite score was higher than the motivator score, that individual was likely less satisfied with his total job experience.

The discussion of these findings adhered to the following sequence: First, the motivator and hygiene composite scores were compared by sector of practice, and second, within each sector of practice the impact of time of graduation, level of highest degree, salary level, and leaving versus staying in the field of speech-language pathology were presented. Concurrently, the level of similarity or difference in the pattern of rating each composite score on the basis of the previously mentioned variables was ascertained. The presentation of the highest and lowest ranked job elements was discussed next. The last area of discussion was based upon comparisons made between the previous job satisfaction measures and the motivator and hygiene composite scores.

The composite ratings compared on the basis of sector of practice are found in Table 27. As can be observed, most all the results were negative, which indicated that the motivator variables were rated higher than the hygiene variables. For the university/college and hospital sectors of practice the difference was significant ( $p < .05$ ). This finding indicated that the respondents in these two sectors of practice derived significantly more of their job satisfaction from the content

of their work itself. Those in the public/private schools sector indicated that the hygiene factors were more satisfying than the motivator variables. In such a situation, Herzberg would conclude that real job satisfaction was not present.

The impact of the time of graduation was then evaluated for each sector of practice. As Table 28 indicates, all the results, except public/private schools for those graduating in 1960-69 or after 1970, indicated that the motivators were rated as more satisfying than the hygienes. The difference was observed to be significant for the following sectors of practice and times of graduation: before 1960, university/college; after 1970, university/college and private practice. This finding was of interest, especially for the private practice sector, the work location perceived by many to be highly desirable due to the high salaries.

The analyses of variance performed upon the ratings given each of the composite scores by the individuals within each graduation time period were nonsignificant. This finding indicated that all respondents within a particular sector of practice rated each motivator and hygiene composite score similarly regardless of the time of graduation.

The influence of the various degree levels can be observed in Table 29. The t-test values again showed an overall pattern of motivator composite scores exceeding hygiene scores. The only exceptions to this pattern were observed in the public/private schools at the bachelor's and master's degree levels. The t-tests determined to be significant were as follows: at the bachelor's degree level, hospitals; master's degree level, university/college; and doctorate level, university/college. These ratings substantiated the earlier observations

about the sources of satisfaction in these sectors of practice. University/college in particular was observed to consistently demonstrate a high degree of significance which showed that in this sector, the sources of satisfaction were consistent with what Herzberg theorized would provide real job satisfaction.

The analyses of variance performed on each of the composite scores on the basis of degree level within each sector of practice were uniformly nonsignificant. Again, this indicated that despite varying degree levels, the rating patterns for the composite scores were similar.

The impact of salary level was presented in Table 30. When viewing these results, it must be cautioned that the respondents rated all sectors of practice they had ever worked in but the salary level they reported was for the present job held. Therefore, many respondents were rating jobs which they no longer held; hence, the sectors of practice they were rating may not have been commensurate to their current salary. Once again, the pattern was consistently that motivators were rated higher than hygienes, with the exception of public/private schools at \$20,000-\$29,999 and private practice at below \$10,000. Significant t-tests were observed for only university/college at salary levels \$20,000-\$29,999 and \$30,000 to \$39,999. University/college consistently presented a picture of significant levels of job satisfaction derived from motivator factors.

Analyses of variance on the basis of salary level for each sector of practice were nonsignificant, further substantiating the previous observation about the equivocal impact salary appeared to have upon job satisfaction patterns. Once again, there were varying degrees of

difference observed when the motivators and hygienes were compared, but the scores given a particular composite score were not differentially influenced on the basis of salary level.

T-test comparisons were performed on the basis of whether or not the respondents left the profession of speech-language pathology to enter another occupational field. The results of these analyses (see Table 31) were especially interesting. The group of respondents who did not permanently leave the profession of speech-language pathology rated the motivator variables higher in all sectors of practice. In contrast, those who did ultimately leave the profession rated the two motivator and hygiene variables much closer, as was indicated by the lower t-values. Further, the only occurrence of a significant t-test with the hygiene variables higher than the motivator variables was observed in public/private schools for those who had left the profession. This finding indicated that these individuals had derived greater satisfaction from the context within which their work was performed than the actual content of that work. The observation that they ultimately left the profession substantiates Herzberg's theory that unless the motivator variables are experienced at a satisfactory level, true job satisfaction can not occur. It did appear evident that these individuals who chose to leave the field did not experience job satisfaction.

The comparison of the ratings given each of the composite scores on the basis of leaving or not leaving the field yielded two significant scores, the motivator composite score for the private practice group and the hygiene score for the hospital sector (see Table 32). These scores indicated that there was a differential pattern of rating for these two composite scores when considering those who left the

field as compared with those who did not leave. This further indicated that those who chose to leave viewed their professional satisfaction differently than those who did not leave.

The final t-tests compared the overall likelihood of again selecting speech-language pathology as a career and the overall satisfaction level with the composite scores. For these analyses, the overall job satisfaction scores were combined to create a "satisfied" and "dissatisfied" group. Those rating likelihood of selecting speech-language pathology as a career with a 1 or 2 were considered to be satisfied, while those rating this variable with a 3 or 4 were considered dissatisfied. For overall job satisfaction, a 4, 5, or 6 indicated satisfaction, while a 1, 2, or 3 indicated dissatisfaction.

The findings for the t-tests performed on the basis of likelihood of selecting speech-language pathology as a career are found in Table 33. As can be observed in the table, the motivator ratings were consistently higher for the "satisfied" group, with university/college and hospital sectors of practice yielding significant levels of difference. The results for those defined as "dissatisfied" upon this measure were at variance with the previous group. In this case, the motivator ratings were much lower as compared to the hygiene ratings. The t-test for the public/private schools sector was significant ( $p < .05$ ) with the hygiene factors being rated higher than the motivator factors. This indicated that these individuals were satisfied with the context aspects of the work, but had not experienced adequate levels of the content forms of satisfaction. As Herzberg postulated, the resultant effect was a reduction in their overall perception of satisfaction with that sector of practice.

The t-test performed on the basis of overall satisfaction with the field of speech-language pathology is presented in Table 34. The findings are again consistent with Herzberg's theory. Those expressing overall satisfaction with the field consistently rated the motivator variables higher than the hygiene variables. Three of these t-tests proved to be significant ( $p < .05$ ): university/college, private practice, and community clinics. Conversely, the ratings given by those expressing some degree of dissatisfaction with the field showed a pattern of hygiene scores exceeding motivator scores (public/private schools, private practice, and community clinics). This provided further substantiation for the conclusions that those experiencing inadequate degrees of the motivator variables viewed their overall career satisfaction less positively.

Job Elements Receiving the Highest and Lowest Mean Ratings for Each Sector of Practice

The final use of the job element ratings was the calculation of the job elements which received the highest and lowest mean rating for each sector of practice. These ratings, located in Table 35, again provided substantiation for the theory Herzberg proposed. The highest ratings received were as follows: public/private schools and community clinics, relationships with coworkers (a hygiene variable); university/college and hospitals, the work itself (a motivator); and private practice, level of responsibility (a motivator). The lowest mean ratings for each sector of practice were as follows: public/private schools, opportunity for advancement (a motivator); all other sectors of practice rated salary (a hygiene) the lowest). These ratings are of interest



and provide further substantiation for the observations about the satisfaction patterns relative to various sectors. The individuals in the public/private schools rated the highest and lowest variables completely opposite to what Herzberg's theory would indicate if real satisfaction was being experienced. This provides some degree of explanation for the pattern consistently observed in the public/private schools; these individuals are apparently receiving adequate amounts of the context variables but inadequate amounts of the content variables. The consistent choice of salary as the lowest job element for the other sectors of practice suggested that regardless of the sector of practice, salary level was never satisfactory. This was especially interesting for the sectors of practice perceived to offer the highest salary levels, such as private practice. It may be that this was the reason few significant differences were noted in the previous analyses regarding the salary variable. It may have been that everyone was uniformly dissatisfied to some degree with salary, so it was not a point of differentiation between the various sectors.

## CHAPTER V SUMMARY, CONCLUSIONS, AND IMPLICATIONS

### Summary

The focus of this study was the determination of the existent career patterns and the levels and sources of job satisfaction and dissatisfaction of a selected sample of speech-language pathologists. Five specific questions gave direction to the research. In relation to three of these questions, operational null hypotheses were projected to give direction to the analysis of data.

The first step in conducting the study was the identification of the study population. As a beginning point, the 36 colleges or universities that had established graduate programs in speech-language pathology by the year 1950 were identified. These were contacted with the request that they supply a list of their graduates in speech-language pathology for the years 1950-52, 1960-62, and 1970-72. Eleven of the colleges or universities had the necessary records to comply with this request. This resulted in a study population of 1322 persons who graduated from these 11 institutions distributed by the following graduation times: 1950-52, 142 individuals; 1960-62, 380 individuals; and 1970-72, 800 individuals. A systematic sample by year of graduation was taken from the above population. Specifically, from the years 1950-52, 142 individuals were sampled; from 1960-62, 190 individuals were sampled; and from 1970-72, 200 individuals were sampled. The total number of

responses was 223, distributed by the years sampled in the following manner: 1950-52, 42 individuals responded; 1960-62, 83 individuals responded; and 1970-72, 98 individuals responded. An investigator-developed questionnaire was utilized as the primary means of gathering data (see Appendix E). The data were analyzed utilizing descriptive and inferential statistical techniques, including means, frequencies, t-tests, analyses of variance, and chi-squares.

The first specific question that gave direction to the study related to the demographic characteristics of the sample. Included among these demographic characteristics were the following: sex, marital status, time of graduation, number and level of other degrees, frequency of membership in the American Speech-Language and Hearing Association (ASHA) and frequency of holding the Certificate of Clinical Competence in either speech-pathology or audiology, number of employment settings, and salary ranges. The major findings relative to this first question were as follows:

1. There were more females (86%) than males (14%) who participated in the study.
2. The reported distribution by marital status was
  - a. married (68.6%),
  - b. divorced (11.2%),
  - c. single (never married) (10.8%),
  - d. widowed (4.0%),
  - e. separated (2.2%), and
  - f. not reported (3.2%).
3. Of the 223 respondents, 216 had held at least one position in the field of speech-language pathology with a range extending

to two individuals who had held 10 different positions at the time of the study. Slightly over half of the respondents (115) had held four or more positions.

4. Relative to the number and level of degrees it was found that
  - a. 135 individuals (60.6%) held all their degrees within the field of speech-language pathology,
  - b. 216 individuals (96.8%) received at least a bachelor's degree in speech-language pathology,
  - c. 88 individuals (39.4%) held at least one degree in speech-language pathology and one degree outside the field,
  - d. 30 individuals (13.4%) received their bachelor's degree in speech-language pathology and subsequently received their master's degree in another field,
  - e. 38 individuals (17.0%) received a bachelor's degree in a field outside of speech-language pathology and later obtained a master's degree in speech-language pathology, and
  - f. the highest degrees in speech-language pathology indicated by the respondents were primarily master's degrees (65.9%).
5. The reported membership level of ASHA was 51% and the percentage of those holding certification in CCC-SP was 54% and in CCC-A it was 6%.
6. The most frequently reported salary was \$20,000-\$29,999.

The second research question related to the career patterns in terms of longevity of service to the field as a whole, longevity of service to the five major sectors of practice (public/private schools, university/college, hospitals, private practice, and community clinics), and the number and reasons for career "breaks" (of at least a year or more).

In reference to this research question the following major findings emerged:

1. Relative to the length of service to the profession as a whole it was noted that
  - a. the most frequently reported length of service was 11-15 years,
  - b. 68% of those responding reported 15 years or less experience in this field, and
  - c. 32% reported 16 or more years of service to the field.
2. The mean length of service in public/private schools was 10.9 years; in colleges/universities, 8.8 years; in hospitals, 5.9 years; in private practice, 6.7 years; and in community clinics, 3.5 years.
3. Relative to the career patterns in general it was noted that
  - a. 88.3% held two or more jobs during their professional careers,
  - b. 54.3% made at least one move among the sectors of practice,
  - c. 26.4% held two jobs simultaneously at least once in their careers, and
  - d. 96% of those receiving at least a bachelor's degree in speech-language pathology had held at least one job in the field.
4. Relative to career breaks it was noted that
  - a. 52.9% of the respondents took at least one break during their careers, and
  - b. the reason most frequently cited for these breaks was "child-bearing and rearing."

Research question three focused on why speech-language pathologists had left the profession. Specifically, this question asked if there were differences among those leaving the profession on the basis of time of graduation, sector of initial employment, level of highest academic degree, marital status, primary job role within the initial sector of practice, or reported salary range. It was found that 17% of the respondents ultimately left the field of speech-language pathology after working for a period of time in the field. And it was this 17% that was utilized in the analysis of differences on the basis of the aforementioned variables. As previously implied a six-part operational null hypothesis was projected in regard to this particular question. The hypothesis stated there would be no difference at the .05 level of significance among those leaving the profession on the basis of the six variables. Following are the findings relative to the hypothesis:

1. There was no significant difference in the rate of leaving the profession based on sector of initial employment (chi-square value = 4.54).
2. There was no significant difference in the rate of leaving the profession based on the time of graduation (chi-square value = 7.89).
3. There was no significant difference in the rate of leaving the profession based on the reported salary ranges (chi-square value = 9.07).
4. There was a significant difference in the rate of leaving the profession based on level of academic degree (chi-square value = 34.22). Specifically, of those leaving 63% held a bachelor's degree, 34% held master's degrees, and 3% held doctorate degrees.

5. There was a significant difference in the rate of leaving the profession based on primary role within the initial occupational setting (chi-square value = 16.88). Specifically, the primary job role in the initial position of those leaving was 57% patient/client service, 8% college/university teaching, 3% supervision, 3% administration, and 29% "other" (e.g., consultants or researchers).

The fourth research question focused upon the pattern and number of moves observed among the five major sectors of practice for the respondents. For this research question another six-part operational null hypothesis was projected to give direction to the analysis of the data. The variables analyzed for differences (at the .05 level of significance) in regard to number of moves among sectors of practice were initial sector of practice, time of graduation, level of highest degree, marital status, primary job role within initial position, and reported salary level.

The findings relative to the pattern and number of moves among the sectors of practice were as follows:

1. Over 44.0% of the respondents worked in only one sector of practice during their entire career while 54.3% worked in two or more sectors of practice.
2. Public/private schools, hospitals, and private practice showed an overall pattern of decline in the percentage of the total sample employed initially and those employed in these sectors during their final position.
3. University/college, community clinics, and "other" showed an overall pattern of increases in the percentage employed in

these sectors from the initial position to final positions the respondents held.

Following are the findings relative to the second hypothesis:

1. There was no significant difference in the number of moves made among the sectors of practice based upon the time of graduation (chi-square value = 16.91).
2. There was no significant difference in the number of moves made among the sectors of practice based on marital status (chi-square value = 40.98).
3. There was no significant difference in the number of moves made among the sectors of practice based upon reported salary level (chi-square value = 50.97).
4. There was a significant difference in the number of moves made among the sectors of practice based upon primary job role within initial position (chi-square value = 52.48). Specifically, the percentage distribution of the primary job role in the initial sector of practice of those making one or more moves among the sectors of practice was as follows: 80% patient/client service, 3% college/university teaching, 2% supervision, 1% administration, and 14% "other" (e.g., consultant or researcher).
5. There was a significant difference in the number of moves made among the sectors of practice based upon initial sector of practice (chi-square value = 87.23). Specifically, the percentage distribution of the initial sectors of practice of those making one or more moves among the sectors of practice was as follows: 75% public/private schools, 5% college/university



teaching, 8% hospitals, 8% community clinics, 2% private practice, and 2% "other."

6. There was a significant difference in the number of moves made based upon the level of highest degree (chi-square value = 107.87). Specifically, the percentage distribution by degree of who had moved one or more times among the sectors of practice was as follows: 26% bachelor's, 66% master's, and 8% doctorates.

The fifth research question dealt with the levels and sources of job satisfaction and dissatisfaction of the respondents. The levels of satisfaction or dissatisfaction were determined on the basis of the reported likelihood of again selecting speech-language pathology as a career, the overall satisfaction ratings assigned to the total career in speech-language pathology, and the ratings assigned 13 job elements originally identified by Fredrick Herzberg (1966). For this research question, a four-part operational null hypothesis was projected to provide direction to the analysis of the data. Specifically, it was hypothesized that for those within each sector of practice there would be no differences at the .05 level of significance in sector of practice, time of graduation, level of highest degree and reported salary ranges based on overall satisfaction, reported likelihood of again selecting speech-language pathology as a career, and relative evaluations of satisfaction with the motivator (content) job elements and the hygiene (context) job elements. More specific analysis was done to determine if there were differences at the .05 level of significance on the basis of sector of practice, time of graduation, level of academic training, and reported salary ranges.

The findings relative to job satisfaction and dissatisfaction were as follows:

1. The mean score reported for "likelihood of again selecting speech-language pathology as a career" was 2.2, which equated with the "probably would again select speech-language pathology" category.
2. Over 34% of the respondents indicated to a moderate to extreme extent that they would not likely select speech-language pathology as a career if they were to begin their careers over.
3. The mean rating reported for "overall satisfaction with the field of speech-language pathology" was 4.4, which indicated a moderately positive level of overall career satisfaction.
4. Ratings of overall career satisfaction which indicated dissatisfaction of a mild to extreme level were reported by over 19% of the respondents.
5. There was a predominating pattern of motivator (content of job) related ratings exceeding hygiene (context of job) related ratings in all sectors of practice except public/private schools.
6. Those respondents who rated their overall satisfaction high tended to rate the motivator job elements higher than the hygiene job elements.

The findings relative to the four-part hypothesis were as follows.

1. In regard to differences based on overall satisfaction:
  - a. There were significant differences noted for reported salary ranges (chi-square value = 42.91), in that those reporting salary ranges of below \$10,000 tended to indicate lower ratings of overall satisfaction than those in any other salary range.

- b. There were significant differences noted for level of highest degree (chi-square value = 29.49), in that those with bachelor's degrees tended to rate overall satisfaction lowest, respondents holding master's rated this variable higher in general, and those holding doctoral degrees rated this variable highest of all groups.
    - c. There were significant differences noted on the basis of time of graduation (chi-square value = 26.47), in that those who received their bachelor's degrees during the 1950s tended to rate overall satisfaction highest in general while a more even distribution of ratings was noted by those graduating during the 1960s and 1970s.
2. In regard to differences based on reported likelihood of again selecting speech-language pathology as a career it was found that the following statements were true.
  - a. There were no significant differences based upon time of graduation (chi-square value = 6.81).
  - b. There were significant differences for reported salary ranges (chi-square value = 196.65), in that those in the salary ranges of below \$10,000, \$10,000-\$19,999, and \$20,000-\$29,999 tended to indicate they would be likely to select this professional field again while those in the salary ranges of \$30,000-\$39,999 or above \$40,000 were fairly evenly distributed in their ratings on this determinant of satisfaction.
  - c. There were significant differences based on level of highest degree (chi-square value = 36.54) in that those holding a

bachelor's degree as their highest degree tended to indicate they would not again select speech-language pathology, those with a master's degree tended to indicate they would again select speech-language pathology, and those holding doctoral degrees responded about equally between would and would not again select speech-language pathology.

3. In regard to the relative evaluations of the motivator (content) job elements and the hygiene (context) job elements it was found that the following statements could be stated.
  - a. For the public/private school sector of practice there were no significant differences for initial sector of practice, time of graduation, level of highest degree, or reported salary range.
  - b. For the university/college sector of practice significant differences were noted for sector of initial employment (t-test value of -4.22), reported salary levels \$20,000-\$29,999 (t-test value of -3.13) and above \$40,000 (t-test value of -2.52), time of graduation for degrees received prior to 1960 (t-test value of -3.02) and degrees received after 1970 (t-test value of -2.37), level of highest degree for those holding master's degrees (t-test value of -3.46) and doctoral degrees (t-test value of -2.34).
  - c. For the hospital sector of practice significant differences were noted for sector of initial employment (t-test value of -1.96), level of highest degree for those holding bachelor's degrees as their highest earned degree (t-test value of -3.98).

- d. For the private practice sector of practice significant differences were noted for reported salary level for those indicating salary levels of \$10,000-\$19,999 ( $t$ -test value of -2.68), time of graduation for those graduating after 1970 ( $t$ -test value of -2.99).
- e. For the community clinic sector of practice significant differences were noted for reported salary ranges for those indicating a salary of \$10,000-\$19,999 ( $t$ -test value of -2.24).

### Conclusions

Five basic questions gave direction to the study. In regard to the first question dealing with demographic characteristics it seemed reasonable to conclude that the respondents tended to be female, married, possessors of both a bachelor's and master's degree in this field, receiving a salary of \$20,000-\$29,999 and having held from 1-4 positions in the field. Little more than half of the respondents reported membership in the American Speech-Language and Hearing Association or possession of clinical certification.

The second question related to longevity of service to the profession as a whole and to each sector of practice and the frequency of career breaks. In this regard four conclusions appeared warranted. First, practically all of these with at least a bachelor's degree in speech-language pathology worked in the field for some period of time. Second, as would be expected given the range of graduation times, the respondents varied greatly in the total length of service to the

professional field, with most of them giving between one and two decades of service. Third, public/private schools was the most frequently selected sector of practice and those entering tended to stay for a long period of time. Fourth, career breaks were a common occurrence, and were most frequently associated with "child-bearing and rearing."

In regard to the third question relating to frequency of leaving the field of speech-language pathology and the variables associated with that leaving, two conclusions appeared warranted. First, relatively few of those responding had left the field of speech-language pathology. Second, the two factors which were significantly associated with leaving the profession were level of academic degree and primary job role within initial sector of practice. More specifically, those holding no more than a bachelor's degree and those beginning their careers in patient/client service more frequently left the profession.

The results relative to the fourth research question which focused upon the amount and pattern of movement which occurred among the sectors of practice appeared to justify three general conclusions. First, movement among the sectors of practice was a common occurrence. Second, public/private schools, hospitals, and private practice experienced a decline in the percentage employed from initial position to final position while university/college and community clinics demonstrated an increase during that same time period. Third, the factors which appeared to exhibit a significant degree of association with the amount of movement among the sectors of practice were initial sector of practice, primary job role within initial sector of practice, and the level of degree. More specifically, those who began in patient/client service or in public/private schools or holding master's degrees were most likely to exhibit movement among the sectors of practice.

The fifth research question focused upon the respondents' job satisfaction and dissatisfaction levels, likelihood of again selecting speech-language pathology as a career, and the ratings given the 13 job elements proposed by Herzberg (1966). In regard to this research question four conclusions appeared justified. First, there was a moderately positive level of job satisfaction with the professional field as a whole. Second, except for those in public/private schools, the motivator job elements were rated higher than the hygiene job elements. This difference was most pronounced in the university/college sector of practice. This appeared to indicate that there was a pattern of greater levels of satisfaction with the content of the job as compared to the context within which this job occurred. Third, those who rated their overall satisfaction level higher were more likely to be more positive about the content of their jobs than the context of their jobs. Fourth, it appeared that all the factors analyzed in regard to job satisfaction/dissatisfaction showed significant degrees of impact or association for some of the sectors of practice. Specifically, those with terminal bachelor's degrees tended to rate their satisfaction levels lower and those graduating in the 1950s tended to express the most positive attitudes toward the profession.

#### Implications

There were obviously some limitations of the study due to the incomplete response rate which made the external validity suspect. However, a chi-square analysis was completed on selected items based on the time of response and no significant differences were noted. This finding in

conjunction with the observation that the sex distribution of the sample closely paralleled the membership of the American Speech-Language and Hearing Association suggested an increased degree of faith in the representativeness of the sample. Despite the weaknesses, it is believed that the study provided fruitful data relative to the justifications which gave direction to it.

Specifically, this study was justified on the basis of the need for knowledge of the existent career patterns of those in the field of speech-language pathology and the suspected presence of "burn-out" among speech-language pathologists thought to lead to practicing with high levels of dissatisfaction and/or leaving the professional field. Further, the study was justified in terms of the potential impact the information about career patterns and job satisfaction/dissatisfaction could have upon university training programs, employers and/or supervisors of speech-language pathologists, and those anticipating entering the field of speech-language pathology. The impact desired was that increased information and understanding would allow those identified above to modify, direct, and where needed change the profession to cause greater levels of stability in careers and greater satisfaction levels.

The information gained in this study relative to the basic understanding of the career patterns of speech-language pathologists appeared to suggest some pertinent implications in regard to the above. The high percentage of individuals who are trained for the field and who subsequently practice in the field for at least a period of time appeared as a positive aspect of the field. It appeared that the training programs, the availability of jobs, and/or the actual enjoyment of the work were adequate to cause most of those trained to remain in the field for



at least a period of time. This suggested that there was a good return for the investment in the preparation of speech-language pathologists.

The presence of frequent career breaks and the selection of part-time work suggests that for some of the respondents the availability of flexible work situations was very important. It may be that the percentage of those leaving the field of speech-language pathology is no higher because there is some degree of flexibility in the careers of speech-language pathologists.

The low percentage of respondents reporting membership in ASHA or possession of clinical certification was unexpected. It was felt that this may have been due to the combined influences of those holding terminal bachelor's degrees (who would not be eligible for these memberships), those working in public/private schools (who would not be required to hold such membership or certification), and those who had left the field (who would likely not desire to retain such certification or membership).

A large proportion (80%) of those responding had worked in more than one job and over 50% had worked in more than one sector of practice. This suggests that those in this professional field may have utilized the opportunities for movement within their profession to avoid the burn-out which occurs in many of the social service type professions. It may be that this opportunity for variation allowed the needed job changes but also permitted the speech-language pathologists to utilize the experience and training they had achieved in their field. This was seen as a decided advantage for the professional who may desire a career change but who may feel unwilling to initiate a completely new career due to the potential loss of benefits and salary.

The finding that public/private schools was the most frequently selected sector of practice was expected. However, it was somewhat surprising to note that this was also the sector of practice which demonstrated the longest mean length of service. It appears to be a common assumption that employment in the public/private schools is the least desirable sector of practice. If this is in fact true, it appeared that there may have been many who were employed in a situation where they were dissatisfied. The information relative to the satisfaction and dissatisfaction patterns reported provided some substantiation for this observation. Those in the public/private schools tended to rate the factors concerned with the context within which their jobs occurred higher than the factors associated with the actual content of their jobs. In a situation such as this, it has been postulated by Herzberg that real job satisfaction is not possible. This suggested a situation where many speech-language pathologists may have been practicing with some level of dissatisfaction with their jobs.

The suspected burn-out addressed by numerous researchers in the field of speech-language pathology and the resultant pattern of leaving this professional field may have been observed for the 17% of the respondents who left this field. This was not viewed as an extremely high percentage of individuals to leave a professional field. However, it is possible that additional sample members who had left the field would have been the least likely to respond to a survey. Therefore, this 17% may not represent an accurate percentage of those leaving the field. The finding that those who had left did report a lower degree of satisfaction with the content of their job substantiated the feeling that for these individuals at least some level of dissatisfaction and

resultant burn-out may have been occurring. Further study is needed into this area to determine if this rate of attrition is consistent with other populations and if the satisfaction patterns associated with those who left are accurate.

When considering the potential impact this study may have upon those in university training programs it is felt that this information could allow those charged with the role of preparing students for the professional world of speech-language pathology to suggest some ways these students could increase the satisfaction they could experience within their careers. Some of these suggestions might include encouraging the student who was selecting a job to consider the content of the job in contrast to considering only situational elements such as salary and physical work location; encouraging the students to take a greater degree of responsibility for making their jobs interesting; structuring the coursework so that students would be able to do some research in their professional settings and encouraging and training students to be able to do such research.

The suggestions which appeared warranted for those in supervisory roles over speech-language pathologists or those who employ such individuals were similar to those suggested for those in university training programs. Initially the employers and/or supervisors could benefit from the findings that those who left the field and made moves often did so because of dissatisfaction with their jobs, not their pay or working conditions. Encouraging research, involvement with other professionals, and fostering an overall atmosphere of continued professional growth may permit greater degrees of satisfaction and hence a more stable career pattern for these professionals.

Finally, the individuals who are considering entering this field may benefit from the picture portrayed herein. Recognition of the areas in this professional field seen as dissatisfactory for this group by other speech-language pathologists may allow for self-appraisal in light of each student's own preference and strengths or weaknesses. Further, the factors which repeatedly appeared in this study to allow for greater degrees of satisfaction and more stable careers could be considered as the student graduated and considered employment. The awareness of the potential problems or potential strengths of the profession may allow the student to structure both his learning experiences and his professional experiences so that those elements seen as likely to cause job satisfaction are maximized and those likely to cause dissatisfaction are minimized.

It was felt that the study provided useful information for those interested in facilitating the growth and stability desired in the profession of speech-language pathology. It is hoped that this study can be replicated with various populations of speech-language pathologists (e.g., those graduating from more recent time periods, those graduating from smaller training programs, or comparing those graduating from accredited and non-accredited programs) to provide more information about the career patterns and job satisfaction and dissatisfaction levels of those in this field.

APPENDIX A  
LETTER TO 39 COLLEGES AND UNIVERSITIES  
WITH GRADUATE PROGRAMS BY 1950



UNIVERSITY OF FLORIDA  
GAINESVILLE, 32611

DEPARTMENT OF SPEECH  
335 ASB  
Offices (904) 392-2113  
Chairman: (904) 392-2035

Dear

Professionals in the field of Speech-Language Pathology has observed that there is a great deal of career movement within the profession. This movement is believed to be caused by several forces acting upon the individuals involved, both positive and negative in nature. While these variables have been casually observed, there has been a paucity of documentation of the career patterns or the job satisfaction levels of those in the field of Speech-Language Pathology.

Janice E. Lockhart, a doctoral candidate at the University of Florida, has undertaken this relevant problem as a possible dissertation topic. Ms. Lockhart will attempt to analyze career patterns of a random sample of individuals who were graduated in the area of Speech Pathology (Bachelor's and/or Master's degrees) in the following years:

1950-1952  
1960-1962  
1970-1972

A follow-up investigation will be undertaken by means of a questionnaire and/or personal interviews in an attempt to ascertain job satisfaction level, etc.

We are contacting Speech Pathology programs throughout the United States who are recorded as having graduate programs established on or before 1950, and we are requesting their assistance in this research project. Specifically, we are asking you to help us locate graduates of your program who conform to the above-mentioned years. These individuals will comprise the population from which the sample will be drawn.

Page 2

Therefore, we are in need of the names and the most recent addresses of your program graduates during the years 1950-52, 1960-62, and 1970-72.

We realize that this information may consume a portion of your valuable time. However, we also trust that the results of such study will be relevant to the profession.

We are enclosing an addressed postcard on which we are requesting your assistance in advance. However, if your department currently has this information available, we would appreciate receiving the names and addresses as soon as possible. In any event, your cooperation will be appreciated.

Sincerely,

Thomas B. Abbott, Ph.D  
Professor and Chair

Janice E. Lockhart, M.Ed.  
Doctoral Candidate

TBA/JEL:le  
Enc. (1)

P.S. For the purpose of record-keeping, this postcard has been coded.

(If current addresses are not available from your department)  
~~X~~ The Alumni Association of this University could furnish them if a list of names was mailed to them  
 \_\_\_ The Alumni Association of this University could make available the addresses if someone could go look up the information in their records  
 \_\_\_ The current addresses could be obtained in the following manner:



APPENDIX C  
FOLLOW-UP LETTER TO THE 39 COLLEGES  
AND UNIVERSITIES



UNIVERSITY OF FLORIDA  
GAINESVILLE, 32611

DEPARTMENT OF SPEECH  
335 ASB  
Offices (904) 392-2113  
Chairman: (904) 392-2035

Feb. 1, 1983

Dear

Approximately one month ago a letter was sent to you regarding the names and current addresses of graduates from your program for the years: 1950-52, 1960-62, and 1970-72. These names and current addresses are needed to complete doctoral research in the area of career patterns and job satisfaction levels among speech-language pathologists being conducted by Janice E. Lockhart, a doctoral student at the University of Florida in the field of speech-language pathology.

While we realize this is a time-consuming request, we believe that the information gained from this study will be very beneficial to all in the profession. Your help, to whatever extent you are able to provide it, is deeply needed and appreciated.

Thank you in advance for your interest and assistance.

Sincerely,

Thomas B. Abbott, Ph.D.  
Professor and Chair

Janice E. Lockhart, M.Ed.  
Doctoral student

APPENDIX D  
INITIAL LETTER TO SAMPLE MEMBERS

UNIVERSITY OF FLORIDA  
GAINESVILLE, 32611

ECU AND HEARING CLINICS  
ARTS AND SCIENCES BUILDING

March 24, 1983

Dear Colleague,

Speech-Language Pathology as a profession has experienced rapid growth and change over the past 50 years. A review of the literature indicates there has been little follow-up on the actual careers of Speech-Language Pathologists. Information about career patterns in Speech-Language Pathology has obvious value to many segments of the profession. Additionally, important information is to be gained from analyzing the level of satisfaction and/or dissatisfaction which Speech-Language Pathologists report experiencing in various segments of the profession.

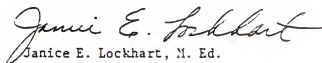
The study of these two areas has been selected as part of a dissertation topic to be investigated by Ms. Lockhart, a doctoral student in the Department of Speech Pathology, at the University of Florida. The enclosed questionnaire addresses career patterns and the levels of job satisfaction and dissatisfaction of those in the field of Speech-Language Pathology. Since you are one of a finite group who will receive this questionnaire your response is extremely valuable. All information received will be treated confidentially and at no time will the identities of individual respondents be reported. The questionnaires are coded only to allow for any needed follow-up.

We thank you in advance for your cooperation and involvement in this research.

Sincerely,



Thomas B. Abbott, Ph.D.



Janice E. Lockhart, M. Ed.

APPENDIX E  
RESEARCH QUESTIONNAIRE

## SPEECH-LANGUAGE PATHOLOGY QUESTIONNAIRE

1. Sex: ☐ Male ☐ Female
2. Total number of years you have worked in the field of Speech-Language Pathology. (A year equals at least 9 months of work in a calendar year.)  
☐ a. 0-5 ☐ b. 6-10 ☐ c. 11-15 ☐ d. 16-20 ☐ e. 21-25 ☐ f. 26-30 ☐ g. 30 or more
3. Marital Status: ☐ a. single (never married) ☐ b. married ☐ c. separated ☐ d. divorced ☐ e. widowed
4. Academic Preparation: Please complete the following chart describing your academic history. If you are currently in a degree program, indicate this on the appropriate line.

Year Received	Institution Granting Degree	Major
<u>Bachelor's Degree</u>		
<u>Master's Degree</u>		
<u>Specialist's Degree</u>		
<u>Doctorate Degree</u>		
<u>Other Degrees</u>		

5. Do you currently hold CCC-SP? ☐ Yes ☐ No Year received \_\_\_\_\_  
 CCC-A? ☐ Yes ☐ No Year received \_\_\_\_\_
6. Are you currently a member of ASHA? ☐ Yes ☐ No
7. What is your current salary range?  
☐ a. below 10,000 ☐ b. 10,000-19,999 ☐ c. 20,000-29,999 ☐ d. 30,000-39,999 ☐ e. above 40,000
8. If you were to begin your professional life over, would you again choose to go into the field of Speech-Language Pathology? Which of the following statements most accurately describes your feelings (check one):  
☐ a. I would **definitely** choose a career in Speech-Language Pathology.  
☐ b. I would **probably** choose a career in Speech-Language Pathology.  
☐ c. I would **probably not** choose a career in Speech-Language Pathology.  
☐ d. I would **definitely not** choose a career in Speech-Language Pathology.
9. Please use the code provided on the next page (Chart A) to complete a description of your career pattern. Begin with your current or most recent position and work back. If you worked in multiple positions simultaneously, put each on a separate line. Go no further back than the date you received your Bachelor's degree. Circle the letter that corresponds to your choice in each category. If there was a break of one year or more between any of these positions, go to Question 10 each time this occurs. If no breaks occurred proceed to Question 11.

CHART A

I. Job Title

- a. Speech Clinician
- b. Supervisor/Administrator
- c. Professor
- d. Consultant
- e. Clinic Director
- f. Audiologist
- g. Other (please specify)

II. Sector of Practice

- a. Public/Private Schools
- b. University/College
- c. Hospital
- d. Community Clinic/Rehabilitation Facility
- e. Private Practice
- f. Other (please specify)

III. Length of Work Week

- a. Full-time (30 hrs. or more per week)
- b. Part-time (less than 30 hrs. per week)

V. Primary Responsibility in This Position

- a. Patient/client service
- b. Teaching (college/university)
- c. Supervision
- d. Administrative
- e. Research
- f. Consultation
- g. Other (please specify)

I. Job Title	II. Sector of Practice	III. Length of Employment	IV. Length of Work Week	V. Primary Responsibility in This Position
(1) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(2) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(3) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(4) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(5) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(6) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(7) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(8) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(9) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(10) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(11) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(12) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(13) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(14) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____
(15) a b c d e f g _____	a b c d e f _____	____/____ to ____/____	a b	a b c d e f g _____

10. Circle the letter(s) corresponding to the chart below (Chart B) that best describe the reason(s) for the "break" in your career. You may select up to 3 reasons.

This section is only if there was a break of one year or more between any of your positions. Be sure the Job Title corresponds to the one listed in Question 9. If there were no breaks in your career proceed to Question 11.

Chart B

- a. Employed in another occupation
- b. Further education
- c. Personal illness or disability
- d. Needed at home by family
- e. Change in spouse's career
- f. Pregnancy or childrearing
- g. No desirable work opportunity in Speech-Language Pathology
- h. Desired a "break" from Speech-Language Pathology
- i. Desired to live in a different geographic location where there was no position in Speech-Language Pathology available
- j. Financial considerations
- k. Did not want to continue then current job and could not secure another position immediately
- l. Other; please describe in space provided

Job Title	Reason(s) for "Break"
(1) _____	a b c d e f g h i j k l _____
(2) _____	a b c d e f g h i j k l _____
(3) _____	a b c d e f g h i j k l _____
(4) _____	a b c d e f g h i j k l _____
(5) _____	a b c d e f g h i j k l _____
(6) _____	a b c d e f g h i j k l _____
(7) _____	a b c d e f g h i j k l _____
(8) _____	a b c d e f g h i j k l _____
(9) _____	a b c d e f g h i j k l _____
(10) _____	a b c d e f g h i j k l _____
(11) _____	a b c d e f g h i j k l _____
(12) _____	a b c d e f g h i j k l _____
(13) _____	a b c d e f g h i j k l _____
(14) _____	a b c d e f g h i j k l _____
(15) _____	a b c d e f g h i j k l _____

11. Please indicate on the scale provided your level of satisfaction with your total career in the field of Speech-Language Pathology (where 1 equals "totally dissatisfied" and 6 equals "totally satisfied"):

1 2 3 4 5 6



12. Following are a list of Job Elements which may influence job attitudes. Please respond to these items by circling the number which best represents your feelings about each Job Element listed. Your choice of responses range from 1 (very negative) to 6 (very positive).

Respond for all sectors of practice in which you have worked. Do not respond for any sector in which you have not worked. Please respond to all job elements listed.

Example: Your relationships with co-workers 1 2 3 4 5 6

(This would indicate a fairly negative position on the relationships with co-workers in this sector of practice.)

Job Elements	Public/Private Schools Total No. of yrs. in this sector _____	University/College Total No. of yrs. in this sector _____	Hospital Total No. of yrs. in this sector _____	Private Practice Total No. of yrs. in this sector _____	Community Clinic/ Rehab. Center Total No. of yrs. in this sector _____
a. Your salary	<sup>(*)</sup> 1 2 3 4 5 6 <sup>(*)</sup>	<sup>(*)</sup> 1 2 3 4 5 6 <sup>(*)</sup>	<sup>(*)</sup> 1 2 3 4 5 6 <sup>(*)</sup>	<sup>(*)</sup> 1 2 3 4 5 6 <sup>(*)</sup>	<sup>(*)</sup> 1 2 3 4 5 6 <sup>(*)</sup>
b. Your relationships with co-workers	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
c. The adequacy of your supervision	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
d. The working conditions (facilities, equipment, etc.)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
e. The policies of the organization	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
f. Status level achieved in your position	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
g. Your job security	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
h. The work itself	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
i. Your feeling of achievement	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
j. Your feeling of recognition	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
k. Your opportunity for advancement	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
l. Your level of responsibility	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
m. Your possibility of professional growth	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6

Thank you for your time. Please return in enclosed envelope to:

JANICE E. LOCKHART  
Speech & Hearing Clinic  
442 Arts and Sciences Building  
University of Florida  
Gainesville, Florida 32611

APPENDIX F  
FOLLOW-UP CARD FOR  
SAMPLE MEMBERS

April 26, 1983

Dear Colleague,

Approximately a month ago a questionnaire was mailed to you which asked questions about your career in speech-language pathology and the level of job satisfaction you have experienced. To date we have not yet received the completed questionnaire from you. We realize this is a demand on your time. We feel the results will have significant implications for your profession. Your input is considered to be valuable in this research since the number of participants is limited. Even if you have retired or are no longer working in the field of speech-language pathology your response is needed. If you have not received the questionnaire or you have misplaced the one you received, please notify us and we will be pleased to send you another one. Thank you in advance for your time and cooperation.

Sincerely,

Thomas B. Abbott, Ph.D.

Janice E. Lockhart, M.Ed.

#### REFERENCE NOTES

1. Fein, D. Personal communication, 1983. David Fein is Director of the Demographics Branch of the American Speech-Language and Hearing Association.
2. Punch, J. Personal communication, June 14, 1983. Dr. Jerry Punch is Director of the Research Division of the American Speech-Language and Hearing Association.

## REFERENCES

- Anastasi, A. Psychological testing. New York: Macmillan, 1954.
- Argyris, C. Personality and organization. New York: Harper and Brothers, 1957.
- Argyris, C. Personality and organization theory revisited. Administrative Science Quarterly, 1973, 18, 141-167.
- ASHA interviews 1982 president Laura Ann Wilbur. ASHA, 1982, 24, 13-17.
- Aurand, C.H. A preliminary study of career patterns and selected determinants of job choice as they affect job mobility of music faculty in institutions accredited by the N.A.S.M. (Doctoral dissertation, University of Michigan, 1971). Dissertation Abstracts International, 1971, 32, 4233A. (University Microfilms No. 72-48, 19)
- Benjamin, D.R. A thirty-one year longitudinal study of engineering students' interest profiles and career patterns (Doctoral dissertation, Purdue University, 1967). Dissertation Abstracts, 1967, 28, 4441A. (University Microfilms No. 68-62, 81)
- Brockman, V. The Herzberg controversy. Personnel Psychology, 1971, 24, 155-189.
- Brown, P.U. Career development and satisfaction of occupational therapists in Florida (Doctoral dissertation, University of Florida, 1973). Dissertation Abstracts International, 1973, 34, 6930A. (University Microfilms No. 74-10, 025)
- Butler, K. At the vortex: Myth and reality. ASHA, 1979, 21, 3-6.
- Clinical certification requirements of the American Speech and Hearing Association. JSHD, 1952, 17, 248-254.
- Cooper, C. The state of the profession and what to do about it: One lover's quarrel. ASHA, 1982, 24, 931-934.
- Cox, D.C. The effects of career interruptions on the earnings of women: A longitudinal study (Doctoral dissertation, Brown University, 1980). Dissertation Abstracts International, 1980, 41, 5198A. (University Microfilms No. 81-11, 091)

- Craig, D.W. Career patterns of Michigan public school superintendents with an enrollment of 5000 or more students (Doctoral dissertation, Ball State University, 1982). Dissertation Abstracts International, 1982, 43, 474A. (University Microfilms No. 82-15, 980)
- Darrow, L.E. An empirical test of the Herzberg two-factor theory of job satisfaction (Doctoral dissertation, East Texas State University, 1971). Dissertation Abstracts International, 1971, 32, 6094B. (University Microfilms No. 72-10, 830)
- Donahou, J.M. A comparison of factors influencing job satisfaction and dissatisfaction of nursing faculty with faculty in other departments of selected private liberal arts colleges in the midwest (Doctoral dissertation, University of Iowa, 1978). Dissertation Abstracts International, 1978, 39, 4619A. (University Microfilms No. 79-02, 895)
- Douglas, P.D. An analysis of demographic characteristics and career patterns of women administrators in higher education (Doctoral dissertation, University of Connecticut, 1976). Dissertation Abstracts International, 1976, 38, 654A. (University Microfilms No. 77-16, 705)
- Drucker, P. The practice of management. New York: Harper and Row, 1954.
- ETB manual. Washington, D.C.: American Speech and Hearing Association, 1980.
- Fecher, A.A.R. Career patterns of women in college and university administration (Doctoral dissertation, Indiana State University, 1972). Dissertation Abstracts International, 1973, 33, 6115A. (University Microfilms No. 73-10, 765)
- Ford, R., and Borgatta, E. Satisfaction with the work itself. Journal of Applied Psychology, 1970, 54(2), 128-134.
- Gahlhoff, P.E. An analysis of the personal and situational factors influencing school counselors' career patterns (Doctoral dissertation, Purdue University, 1969). Dissertation Abstracts International, 1970, 30, 4771A. (University Microfilms No. 70-88, 92)
- Goldman, R., and Levy, J. Economic survival underlies professional survival which underlies public service. ASHA, 1982, 24(2), 103-105.
- Groseth, R.S. An investigation of the motivation-hygiene theory of job satisfaction among selected student affairs administrators (Doctoral dissertation, University of Florida, 1978). Dissertation Abstracts International, 1978, 39, 1952A. (University Microfilms No. 78-17, 439)
- Haldane, B. Career satisfaction and success. New York: AMACOM, 1974.

- Hammer, R.E. Job satisfaction of special class teachers in Iowa: An application of the Herzberg two-factor theory (Doctoral dissertation, University of Iowa, 1970). Dissertation Abstracts International, 1970, 31, 3373A. (University Microfilms No. 70-23, 896)
- Herr, E., and Cramer, S. Career guidance through the life span. Boston: Little, Brown and Co., 1979.
- Herzberg, F. Work and the nature of man. Cleveland: The World Publishing Co., 1966.
- Herzberg, F., Mauser, B., and Snyderman, B. The motivation to work. New York: John Wiley and Sons, Inc., 1959.
- Hinrichs, J., and Mischkind, L. Empirical and theoretical limitations of the two-factor hypothesis of job satisfaction. Journal of Applied Psychology, 1967, 51, 191-200.
- History of ASHA certification. Unpublished paper, 1981.
- House, R.J., and Wigdor, L.A. Herzberg's dual-factor theory of job satisfaction and motivation: A review of the evidence and a criticism. Personnel Psychology, 1967, 20, 369-389.
- Hoy, W., and Miskel, C. Educational administration: Theory, research and practice. New York: Random House, 1978.
- Iannone, R.V. A study of factors related to principals' job satisfactions and job dissatisfactions (Doctoral dissertation, Syracuse University, 1969). Dissertation Abstracts International, 1973, 31, 965A. (University Microfilms No. 70-14, 721)
- Job satisfaction: Is there a trend? Manpower Research Monograph No. 30, U.S. Department of Labor, 1974 (Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402)
- Jones, J.G. Career patterns of women physicians (Doctoral dissertation, The Florence Heller Graduate School for Advanced Studies in Social Welfare, 1971). Dissertation Abstracts International, 1971, 32, 4125A. (University Microfilms No. 72-15, 81)
- Kaplan, H.H. A study of selected factors related to entering, remaining in, or leaving the career of school counselors (Doctoral dissertation, Columbia University, 1966). Dissertation Abstracts, 1966, 27, 2735A. (University Microfilms No. 67-28, 13)
- Klingbeil, G. The historical background of the modern speech clinic. JSD, 1939, 4, 115-132, 267-284.
- Kozal, A.P. An application of the reformulation (Herzberg) theory of job satisfaction to selected administrative affairs staff in the Florida State University System (Doctoral dissertation, University of Florida, 1979). Dissertation Abstracts International, 1979, 40, 1788A. (University Microfilms No. 79-21, 934)

- Lindsay, C.A. Job satisfaction: An examination and test of modification of the Herzberg theory (Doctoral dissertation, Pennsylvania State University, 1965). Dissertation Abstracts, 1965, 26, 6873A. (University Microfilms No. 66-48, 26)
- Maas, J.M. A study of the relationship between specified characteristics of teachers and their perception of job satisfaction and job dissatisfaction (Doctoral dissertation, University of Minnesota, 1968). Dissertation Abstracts, 1968, 29, 3383A. (University Microfilms No. 69-68, 70)
- Mallery, J.C. Career patterns of Washington State superintendents (Doctoral dissertation, Washington State University, 1971). Dissertation Abstracts International, 1971, 32, 2355A. (University Microfilms No. 71-28, 782)
- Marcy, T.L. A follow-up study of doctoral graduates, September, 1948-August, 1973, Department of Education Administration and Supervision (Doctoral dissertation, University of Florida, 1974). Dissertation Abstracts International, 1974, 36, 643A. (University Microfilms No. 75-16, 413)
- Maslow, A. Motivation and personality. New York: Harper and Row, 1970.
- Mayo, E. The human problems of an industrialized civilization. New York: The Macmillan Co., 1933.
- McGee, M. Women college and university presidents: Their personal and professional characteristics, career, development patterns, and opinions about their roles (Doctoral dissertation, University of Florida, 1979).
- McGregor, D. The human side of enterprise. New York: McGraw-Hill, 1960.
- Meskin, J. Career patterns and choice process of women elementary school principals (Doctoral dissertation, University of Chicago, 1981). Dissertation Abstracts International, 1981, 42, 94A.
- Miller, M., and Potter, R. Professional burnout among speech-language pathologists. ASHA, 1982, 24, 177-181.
- Moser, A.J. Career patterns of public junior college teachers in Illinois (Doctoral dissertation, Loyola University of Chicago, 1971). Dissertation Abstracts International, 1971, 32, 2801A. (University Microfilms No. 71-28, 134)
- Paden, E. A history of the American Speech and Hearing Association, 1925-1958. Washington, D.C.: American Speech and Hearing Assoc., 1970.

- Parker, L.M. Mid-career change: An examination of its prominence and importance in the profession of teaching (Doctoral dissertation, Wayne State University, 1981). Dissertation Abstracts International, 1981, 42, 4675A. (University Microfilms No. 82-09, 345)
- Pepperdine, B.J. The occupation of nursing and careers: A study of the careers of diploma and degree of nurses (Doctoral dissertation, University of Toronto, Canada, 1974). Dissertation Abstracts International, 1974, 37, 7984A.
- Quadagno, J.S. Career patterns of men and women physicians: The effect of status-set typing (Doctoral dissertation, University of Kansas, 1976). Dissertation Abstracts International, 1976, 38, 1037A. (University Microfilms No. 77-16, 294)
- Ringel, R. Some issues facing graduate education. ASHA, 1982, 24, 399-406.
- Roe, A. The psychology of occupations. New York: John Wiley and Sons, Inc., 1956.
- Sergiovanni, T.J. Investigation of factors which affect job satisfaction and job dissatisfaction of teachers (Doctoral dissertation, University of Rochester, 1966). Dissertation Abstracts, 1966, 27, 1235A. (University Microfilms No. 66-10, 836)
- Sheppard, B.G. The sources of job satisfaction/dissatisfaction of community education coordinators (Doctoral dissertation, University of Virginia, 1979). Dissertation Abstracts International, 1979, 40, 3685A. (University Microfilms No. 80-02, 518)
- Sinkiewicz, R.W. A comparison of job satisfaction of speech pathologists in centralized v. decentralized school systems (Doctoral dissertation, Florida Atlantic University, 1981). Dissertation Abstracts International, 1982, 42, 3832A. (University Microfilms No. 82-04, 174)
- Skinner, B. Beyond freedom and dignity. New York: Knopf, 1971.
- Super, D. The psychology of careers. New York: Harper and Brothers, 1957.
- Taylor, F. The principles of scientific management. New York and London: Harper and Brothers, 1934.
- Van Riper, C. An early history of ASHA. ASHA, 1981, 23, 855-858.
- Vroom, V. Work and motivation. New York: Wiley, 1964.



Wernimont, P.F. Intrinsic and extrinsic factors in job satisfaction (Doctoral dissertation, University of Minnesota, 1964). Dissertation Abstracts, 1964, 25, 3129A. (University Microfilms No. 62-10, 872)

Wilbur, L. Turn on or turn off-dilemma of the '80s. ASHA, 1982, 24, 999-1002.

Work in America; Report of a special task force to the Secretary of Health, Education, and Welfare. Cambridge, Mass.: MIT Press, 1973.

## BIOGRAPHICAL SKETCH

Originally from Cleveland, Ohio, Janice E. Lockhart is the daughter of Frazer and Martha Jane Lockhart. After living her life to age 18 in the Cleveland area, she attended Ohio University in Athens, Ohio, where she earned her bachelor's degree in speech and hearing in March, 1974. After working at a private school in New York for approximately one year, she moved to Gainesville, Florida, to pursue a master's degree. The Master of Education degree in the field of speech pathology was received in March, 1976. Following 4 years of work in the public schools she returned to the University of Florida to complete her Ph.D. in the field of speech-language pathology.

Professional experiences include 7 years of experience in the public schools as a speech-language pathologist as well as private practice in the field of speech-language pathology.

Professional memberships include the American Speech-Language and Hearing Association, the Florida Speech-Language and Hearing Association, Phi Delta Kappa Educational Fraternity, and The North Florida Committee for Cerebral Palsy for whom she serves as Education Chairperson and Board member.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

A handwritten signature in dark ink, reading "Thomas B. Abbott", written over a horizontal line.

Thomas B. Abbott, Chairman  
Professor of Speech

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

A handwritten signature in dark ink, reading "Michael Y. Nunnery", written over a horizontal line.

Michael Y. Nunnery  
Professor of Educational Administration  
and Supervision

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

A handwritten signature in dark ink, reading "Linda J. Lombardino", written over a horizontal line.

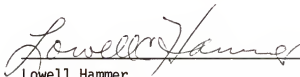
Linda J. Lombardino  
Assistant Professor of Speech

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Ronald Nutter  
Assistant Professor of Special  
Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Lowell Hammer  
Professor of Speech

This dissertation was submitted to the Graduate Faculty of the Department of Speech in the College of Liberal Arts and Sciences and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August 1983

---

Dean for Graduate Studies and  
Research